INLAND COUNTIES EMERGENCY MEDICAL AGENCY

TRAUMA SYSTEM STATUS REPORT

2007

TRAUMA SYSTEM STATUS REPORT

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

July 24, 2007

Virginia Hastings, Executive Director
Reza Vaezazizi, MD, Medical Director
Georgi Collins, RN, Trauma Coordinator

TRAUMA SYSTEM STATUS REPORT

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

The report will consist of the following sections in accordance with the Trauma System Plan Revision & Annual Trauma System Status Report Guidelines (November 2006) distributed by the State EMS Authority (EMSA) on March 6, 2007:

Trauma System Summary - Brief summary of the trauma care system.

Changes in Trauma System -Describe any changes in the trauma care system and/or progress toward implementation.

Number and Designation Level of Trauma Centers – List the designated trauma centers and indicate any potential problems or possible changes in designation.

Trauma System Goals and Objectives - Provide update on progress toward meeting goals and objectives listed in the Trauma System Plan. Modify goals and objectives as appropriate.

Changes to Implementation Schedule - Indicate completion of activities and modify schedule as appropriate.

Progress on Addressing EMS Authority Trauma System Plan Comments - Trauma System Plan approval letters may include issues to be addressed or commented upon by the local EMS Agency. The status report should include an update on progress toward completion of these items along with any required changes accomplished as required in the letter which clearly indicates where the changes should be added the to Trauma System Plan.

Other Issues - Local EMS Agencies may include any other relevant issues as deemed appropriate.

Table of Contents

Trauma System Status Report

Trauma System Summary

The Inland Counties Emergency Medical Agency's (ICEMA) trauma system is an integral part of the regional Emergency Medical Systems (EMS). A continuing goal of the ICEMA regional Trauma System Plan is to assure a well-prepared, coordinated plan to provide appropriate responses to persons who incur traumatic injuries in San Bernardino, Inyo and Mono Counties. The system is an arrangement of available resources that are coordinated for the effective delivery of emergency health care services in geographical regions consistent with planning and management standards.

The current EMS system within the ICEMA region has evolved over a number of years. A written plan was developed and submitted with approval by the ICEMA Governing Board on December 18, 2001. The EMS Authority (EMSA) approved the plan on December 28, 2001.

In the early 1980's; a committee of local surgeons developed criteria for Level I and Level II Trauma Centers for the ICEMA region using guidelines established by the American College of Surgeons. Every hospital throughout the region was given the opportunity to submit a request to become a trauma center. A team of surgeons from outside the region reviewed the proposals and conducted onsite reviews. A Trauma Committee compared the recommendations of this team of surgeons and recommended approval by the ICEMA Governing Board. The ICEMA Governing Board accepted these recommendations and formally designated three trauma centers: Loma Linda University Medical Center (LLUMC), Arrowhead Regional Medical Center (ARMC) (formally San Bernardino County Medical Center), and San Antonio Community Hospital (SACH). Since that time, policies and procedures have been written, personnel have been trained, and a Trauma System was implemented. SACH withdrew in 1985, and today provides basic emergency services and is a paramedic base station.

ICEMA is a Joint Powers Agency (JPA). All three-member counties have approved the Joint Powers Agreement, designating the San Bernardino County Board of Supervisors as ICEMA's Governing Board.

The 9-1-1 system is used to access and to activate the EMS system. Inyo and Mono Counties' 9-1-1 calls are automatically routed to the local dispatching authority. Within San Bernardino County, dispatch of EMS is handled by five communication centers. All portions of the region, including the unincorporated areas have access to the 9-1-1 system.

Paramedic ambulance service is available by either a public or private entity and operates under exclusive operating areas. There are sixty approved Basic Life Support providers and fifty-five approved Advance Life Support services in the ICEMA region. Mutual aid agreements provide for additional services where and when needed.

Air Ambulance service is provided primarily by Mercy Air, which provides a full service air ambulance utilizing flight nurses. San Bernardino County Sheriff's Air Rescue provides rescue services with EMT-I, paramedic, and higher level of personnel when available. The California Highway Patrol occasionally provides air rescue with a paramedic crew. Sierra Lifeflight provides fixed wing EMS air ambulance service in Inyo and Mono Counties. Native Air, which is stationed in Arizona, is dispatched to major

traumas occurring along the California/Arizona border.

Within the ICEMA region, there are currently eight base hospitals. San Bernardino County maintains communications capabilities utilizing the 800 MHz system. Inyo and Mono County paramedics operate utilizing VHF (Med Net) communications due to the serious communications problems experienced by the units operating in the remote canyons. Other optional communication devices are UHF (COR) radio approved for Mono County only and cellular phones are approved for all counties. All of the hospitals within San Bernardino County are now utilizing the Redi-Net system for countywide communication among hospitals, San Bernardino County Communications Center and ICEMA. Protocols have been developed in the event of radio communication failure.

The eight base hospitals within the region are: ARMC, Chino Valley Medical Center (CVMC), Hi-Desert Medical Center (HDMC), LLUMC, Redlands Community Hospital (RCH), SACH, Mammoth Hospital, and Northern Inyo Hospital. Six of the hospitals are located in San Bernardino County and maintain a "Basic" emergency department permit issued by the State Health Department Services. Two of the base hospitals are permitted "stand-by" emergency departments, and are located in rural Inyo/Mono Counties. These facilities in Inyo and Mono Counties receive trauma patients, stabilize and transport the patient to trauma centers, primarily to Nevada and some to Kern County.

There are currently twenty-one hospitals in the ICEMA region. Eighteen of those hospitals are within San Bernardino County. Seventeen are receiving hospitals and one of them is a Veterans Administration Hospital within San Bernardino County. There are two receiving hospitals within Inyo County and one in Mono County. The hospitals have the capability to arrange transfers for those patients requiring higher levels of care. Additionally, there are military bases located in the desert regions, which offer limited medical services to active duty servicemen and some dependents.

The ICEMA region currently has two trauma centers located in the San Bernardino metropolitan area: Loma Linda University Medical Center (Level I Adult and Level I Pediatric) and Arrowhead Regional Medical Center (Level II). Trauma Triage Guidelines have been developed to ensure trauma patients who fall within the triage guidelines are transported directly to a trauma center. Additionally, policy requires base hospital contact for patients meeting trauma triage criteria be made with a designated trauma center base hospital.

The elements for designing the ICEMA Regional Trauma Systems are outlined below. These factors form the basis by which the plan details were developed.

1. ICEMA, in accordance with State Regulations, has the responsibility for planning, implementing, and managing the Trauma System. The Agency's Executive Director and the Medical Director manage the medical, operational and administrative policies, procedures, goals, and responsibilities of the System.

2. The Trauma Systems includes authorized pre-hospital and hospital entities within the region.

3. Pre-established criteria are used, along with current operational policies and procedures.

4. Trauma System activation occurs at the earliest point in patient contact by the highest medical authority on scene, or by a transferring physician to a receiving physician at a trauma center.

5. The Trauma System within the ICEMA region maximizes the utilization of all appropriate resources, ensuring that all resources have an appropriate and effective role within the system.

6. The Trauma System has established a trauma registry using the "Collector" system.

7. The Trauma System utilizes the continuous quality improvement process to improve outcomes and processes within the system. This program includes the collection and monitoring of performance standards and quality improvement activities, identification of educational needs, development of policies and procedures, and remedial action to resolve problem trends or proven deficiencies. ICEMA participates in a joint trauma hospital peer review committee with Riverside County EMS.

Changes in Trauma System

Currently, there are no significant changes to ICEMA's Trauma System Plan. This Trauma System Status Report will include any updates, revisions and/or reformatted policies or general information since the approval of the Trauma System Plan, by the EMSA in 2001.

SECTION	CHANGES (IF ANY)
Executive Summary	Updated information
Introduction	Updated information on: • Demographics for San Bernardino/Inyo/Mono Counties
Section I: Plan Summary	Updated information on: • BLS/ALS providers • Air Ambulance providers • (*Please see EMS Plan on file at EMSA for specific licensing information*)
Section II: Organizational Structure	Updated information • Budget • Organizational chart
Section III: Needs Assessment	No changes (Goals will be addressed in the Trauma System Goals and Objections Section)
Section IV: Trauma System Design	Updated information on: • Minimum patient criteria • Rural Trauma Team concept: Corrected Goal (Goals will be addressed in the Trauma System Goals and Objections Section) • Hospital bed capabilities • LLUMC and ARMC licensing and certification • Revised Trauma Criteria policies (Adult/Pediatric) ICEMA# 8001, 8003 (11/01/04) • Revised Trauma Triage Criteria (Adult/Pediatric) ICEMA #8010, 8012 (11/01/04)
Section V: Trauma Center Agreements	Updated information on: • Current agreements are in the planning stages *(Goals will be addressed in the Trauma System Goals and Objections Section)*
Section VI: Objectives	Updated information on:

SECTION	CHANGES (IF ANY)
	• Objectives and Outcomes (See Trauma System Status Report; Goals and Objectives)
Section VII: Implementation Schedule	• Revised Implementation Schedule (will correspond with changes to new goals)
Section VIII: Fiscal Impact	Updated information
Section IX: Policy and Plan Development	Updated information: • Updated Trauma Team Activation Guidelines from LLUMC and ARMC • Revised Trauma System Patient Triage Criteria (ICEMA) #8010, 8012 (11/01/04)
Section X: Written Local Approval	No changes
Section XI: Data Collection	Updated information: • BLS/ALS provider • Trauma Registry • New electronic data entry system for pre-hospital providers
Section XIII: Trauma System Evaluation	• Updated data collection • Changes to performance evaluation of the Trauma System from three to two years

Number and Designation Level of Trauma Centers

Currently, ICEMA has two designated trauma centers: Loma Linda University Medical Center (LLUMC) a Level I Adult and Level I Pediatric trauma center, Arrowhead Regional Medical Center (ARMC) a Level II trauma center. LLUMC has been a designated Level I adult trauma center, but was additionally designated as a Level I pediatric trauma center on July 27, 2004. ARMC plans on requesting a Trauma Center Designation Application for possible Level I adult trauma center designation by ICEMA by the end of 2007.

Trauma System Goals and Objectives

The primary objective of the ICEMA Regional Trauma System is to reduce trauma injury, morbidity and mortality, and to provide an effective multidisciplinary system of education, prevention, treatment, and rehabilitation. The secondary objective is to ensure the system is appropriately activated for patients requiring Trauma Center level of care.

Goal 1:   Re-verification of trauma centers (2001 Plan):

> **Objective**:   Upon State Approval of the trauma plan, ICEMA will issue a Request for Proposal for the re-verification of Trauma Center Status.

> **Status:**   **Complete**

- On June 28 and June 29, 2004, ICEMA completed on-site trauma center evaluations for both LLUMC and ARMC. The evaluations consisted of random review of each hospital's trauma care capabilities as evidenced in patient records.

- In August 2006 ARMC was surveyed by American College of Surgeons (ACS) and was verified as a Level II Trauma Center.

Goal 2:   Implement Trauma service areas:

Objective: Trauma service areas will be implemented which considers the distance to the designated Trauma Centers.

Status: **Complete**

- Per Adult/Pediatric Trauma Triage Criteria #8010, #8012 (Appendix Q) any trauma patient with one or more of the Trauma Triage Criteria will be transported to the closet most appropriate trauma center.
- Per Aircraft Destination Policy #14054 (Appendix L), destination will alternate with each dispatch of EMS Aircraft between ARMC and LLUMC.

Goal 3:   ICEMA will develop a Rural Trauma Team concept:

Objective: ICEMA will develop a Rural Trauma Team concept in rural and semi rural hospitals, particularly those in locations beyond sixty (60) minutes from a raumanter.

Status: **Corrected Goal**

- Using current terminology outlined in the August 1999 Regulations, this section is outdated and therefore eliminated.
- ICEMA desires to designate Level III or Level IV trauma centers in less populated and rural areas.
- To date, hospitals have not completed discussions.

*See Goal 11 for new plan. (New Goal is to designate new trauma centers as needed to serve the population.)

Goal 4:   All patients, regardless of ability to pay or resident status, receive the most appropriate level of care in the facility that best provides the services necessary for their treatment and recovery.

Objective: Triage and transfer standards will be reviewed bi-annually for appropriateness, effectiveness and compliance with existing EMTALA laws.

Status: **Ongoing**

- Patients are assured trauma care regardless of ability to pay through trauma triage criteria/guidelines and transfer guidelines, depending upon bed availability.

Goal 5:   ICEMA will develop criteria for Trauma Receiving Facilities (non-designated centers).

Objective: All non-designated trauma receiving hospitals in the region will have the

capability to adequately evaluate any patients entering their doors and transfer them to the appropriate trauma center in a timely manner.

Status: **Ongoing**

- All paramedic receiving hospitals are considered trauma receiving hospitals, although specific designation has not occurred.

Goal 6: ICEMA and non-designated trauma center hospitals will develop guidelines for Inter-hospital transfers of trauma patients

Objective: All non-trauma center hospitals in the region will have the capability to adequately evaluate any patient entering their doors and transfer them to the appropriate Trauma Center in a timely manner.

Status: **Ongoing**

- See ICEMA's Inter-Hospital Transfer of Trauma Patients Policy (Appendix K).

Goal 7: Establish a mechanism for review, evaluation and research of the trauma care system.

Objective: The Trauma System in the ICEMA Region maintains an ongoing quality improvement program ensuring all residents and visitors will receive the best possible care immediately by pre-hospital personnel and upon delivery to an appropriate designated trauma hospital.

Status: **Ongoing**

- Currently ICEMA coordinates with Riverside County's Trauma Audit Committee (TAC) and participates in the TAC QI/peer review process with LLUMC and ARMC.
- The "Collector" system is currently being utilized as the approved ICEMA Trauma Registry.
- A Trauma Evaluation Committee specific for San Bernardino County is initiated. This committee will focus on ICEMA specific Trauma System issues. The first meeting is tentatively schedule for sometime in September 2007.
- LLUMC is engaged in research as required for Level I trauma center designation.
- Trauma Centers are to be reviewed every two years.

Goal 8: Establish a method of collecting data that includes information from agencies providing BLS and ALS service within the region.

Objective: Data will be collected, evaluated and used for the purpose of training, improving patient care and patient outcomes.

Status: **Ongoing**

- The "Collector" system is currently being utilized as the approved ICEMA Trauma Registry.

- Currently the O1A is used for patient care records and scantrons (Appendix E).
- ICEMA is currently implementing an electronic patient care record, the EMS MISS system, to improve patient care field data including trauma data.

Goal 9:   Revise the existing EMS Aircraft Policy and Procedure

      Objective: Patients requiring air transport will be transported to the correct facility in the shortest amount of time by qualified personnel.

      Status: **Completed**

- ICEMA's Aircraft Destination Policy #14054 became effective March 20, 2006 and will be reviewed on March 20, 2009. (Appendix L).

Goal 10:   Develop an Urban Response Team with the Trauma Centers.

      Objectives: This team would be used for "on call" purposes and respond to disasters within the ICEMA region. The functions of the team would augment those services the EMS system already provides.

      Status: **Ongoing**

- The San Bernardino County Medical Reserve Corps (SBC MRC) was established in the fall of 2003 following a grant award from the Department of Health and Human Services, Office of the Surgeon General.
- The MRC will assist by providing volunteer health care professionals and support personnel during the initial hours after and event in order to handle the surge of victims needing treatment either on site or at a treatment location. (www.sbcms.org/mrc).
- A long-term goal is to have a Mobile Surgical Hospital for San Bernardino County.

Goal 11:   Designate new trauma centers as needed to serve the population particularly, in the less populated rural areas.

      Objectives: ICEMA recognizes the need to designate additional hospitals as trauma centers.

      Status: **Ongoing**

- Currently ICEMA is in negotiations with Hi-Desert Medical Center (Eastern part of the region, rural area) to apply as a Level III trauma center.
- ICEMA has had preliminary discussions with Mammoth Hospital (Mono County), and Northern Inyo Hospitals (Inyo County) concerning interests in Level IV trauma center designation.
- A planning committee has been arranged in the High Desert (Northern part of the region, rural area) to discuss hospital participation in the trauma system.

Goal 12:   Coordinate local trauma services in adjacent counties:

      Objective: Develop an Intercounty Agreement between appropriate counties and ICEMA where trauma patients are directly triaged across county lines (Trauma Center Agreements, ALS/BLS Agreements and county agreements).

      Status: **In-progress**

- ALS/BLS inter-county agreements are established.

Goal 13:   Promote public awareness and information regarding trauma services and injury prevention.

      Objective: Injury prevention needs to focus on efforts to prevent, reduce, or substantially diminish the impact of injury before, during, and after the injury.

      Status: **Ongoing**

- This is accomplished through San Bernardino County's annual health fairs, public service announcements, dissemination of annual reports to public entities, and injury prevention outreach programs. Programs such as helmet protection, car seat education, and swimming pool safety
- Trauma Centers as a part of their application agreement as a designated trauma center participate in injury prevention programs with public and private agencies. Trauma Centers may produce their own Injury Prevention Programs based upon data analysis of the trauma system review at their own facility.

Changes to Implementation Schedule

The following is a time-line for implementation of the system.

GOAL	STATUS	DATE
Plan submitted for public comment	Complete	September 2001
Approval by EMCC	Complete	November 2001
Approval by the ICEMA Governing Board	Complete	December 2001
Submit to State of California for Approval	Complete	December 2001
Approval by State of California (EMSA)	Complete	December 28, 2001
Request For Proposal for Trauma Center designation and re-verification of Trauma Centers	Complete	June 2004
Survey of Basic Emergency Departments for care of trauma patients	In Progress	December 2008
Site visits for Trauma Center Designation	Complete	June 2004

GOAL	STATUS	DATE
Trauma Center Designation	Complete	June 2004
Rural Trauma Plan Introduction	Corrected to comply with Level III and IV Trauma Center Regulations	Corrected to comply with Level III and IV Trauma Center Regulations
Rural Trauma Plan Implementation	Corrected to comply with Level III and IV Trauma Center Regulations	Corrected to comply with Level III and IV Trauma Center Regulations
Establish a Trauma Evaluation Committee Trauma System Evaluation Committee (TSEC)	In Progress	September 2007 (Continuous)
Revise EMS Aircraft Policy	Complete	March 20, 2006
Develop an Urban Response Team (MRC)	Complete	September 2003
Designate additional trauma centers as needed	In Progress	Ongoing
Develop Inter-county agreements with trauma centers and LEMSA that lie outside the ICEMA region	In Progress	December 2008
Develop a Continuous Quality Improvement Process	Complete Ongoing	April 2005 (Continuous)

Progress on Addressing EMS Trauma System Plan Comments

The following is an update of progress towards completion of the items/recommendations that the EMSA made on ICEMA's 2001 Trauma System Plan.

Section VI: **Implementation Schedule:** It is recommended that the "Continuous Quality Improvement Process" as outlined in Section XII of the plan be included in the implementation schedule.

  Status: Complete, please see Changes to Implementation Schedule in the Trauma System Status Report and Changes in the Trauma System, section VII.

Section XII: **Trauma Evaluation System Evaluation:** The plan indicates that the trauma system's performance will be evaluated every 3 years. The trauma regulations require evaluation every 2 years. The plan should be changed accordingly.

  Status: Complete, please see Changes in the Trauma System, section XII.

Section IX – Policy & Plan Development:

Page/Policy #	Comment
Trauma care coordination with neighboring jurisdictions,	• Reference to trauma center use in Los Angeles County, Riverside County and the State of Nevada is not referred to however no formal agreements between local EMS agencies exist. The Plan addresses future agreements between local EMS centers outside the region. While these agreements are encouraged,

Page/Policy #	Comment
Including EMS agency/system agreements. Section IV **Current Status**	Required. The Continuation of Call agreements address trauma patient destination but do not address intercounty trauma system issues. *Recommendation: Develop an Intercounty Agreement between appropriate counties and ICEMA where trauma patients are directly triaged across county lines.* • **In Progress**, please see Trauma System Status Report: Trauma System Goals and Objectives (No. 12), and Changes to Implementation Schedule and Section VII.
Data collection and management Section XI **Current Status**	The prehospital data collection form gives information on destination "why selected". This is a valuable tool for identifying trauma registry patients. The trauma registry data set exceeds the minimum data set itemized in regulations. *Recommendation: Develop a detailed data dictionary to include specific code sets and definitions to ensure consistency with trauma registry data.* • Trauma Registry reports are submitted to the EMS Agency (on-line) by the trauma centers according to established criteria. • LLUMC and ARMC utilize the "Collector" Trauma Registry User Manuel, Appendix A as a data dictionary that includes specific code sets.
Trauma center equipment Section IX 5 **Current Status**	*Recommendation: Include equipment requirements in contract between trauma center and EMS agency.* • ICEMA is constructing contracts between ICEMA and the trauma centers.
Ensuring the availability of trauma team Personnel Section IX 5 **Current Status**	*Recommendation: Include trauma team availability requirements in contract between trauma center and EMS agency.* • ICEMA is constructing contracts between ICEMA and the trauma centers. • ICEMA retains trauma team availability in ICEMA, not in contract form
Criteria for activation of trauma team IX 5-9 **Current Status**	*Recommendation: Ensure hospital compliance with trauma activation policy during EMS agency contract compliance review process.* **LLUMC**: Level B Partial Trauma Team Activation does not refer to the role of the trauma surgeon attending. While regulations allow for a senior resident to manage the case, an attending shall be promptly available, advised of all trauma admissions, participate in therapeutic decisions, present in the emergency department for all major resuscitations and in the operating room for all trauma operative procedures. *Recommendation: LLUMC's Level B trauma response should state the role of the trauma surgeon attending as per regulations.* • See updated Trauma Activation Criteria for LLUMC Section IX See Trauma System Status Report pg. 14 • A Trauma Resident is present, and at any time the patient may be upgraded to a Full Team Response. Trauma Resident is a min. or a 3rd yr. • The Attending Trauma Physician is promptly available and is aware of trauma.

Page/Policy #	Comment
Criteria for activation of trauma team IX 5-9	Provides guidance in major therapeutic decisions. Present in the operating room for all surgical procedures. **ARMC:** Trauma Team Alert does not refer to the role of the trauma surgeon attending. While the criteria listed do not refer to critical trauma, regulations allow for a senior resident to manage the case either an attending promptly available for consultation and advised o fall trauma admissions. In addition, the attending shall participate in therapeutic decisions, be present in the emergency department for all major resuscitation and in the operating room for all trauma operative procedures. *Recommendation: ARMC's trauma team alert should state the role of the trauma surgeon attending as per regulations and clarify that the "surgical resident" is a "senior surgical resident"*
Current Status	• See updated Trauma Activation Criteria for ARMC Section IX See Trauma System Status Report, pg. 15 • A Surgical Resident-minimum of third year is present, and at any time the patient may be upgraded to a Trauma Code. • The Attending General Surgeon – Notified of all trauma patients. Supervises the Surgical Resident's management of the trauma patient. Provides guidance in major therapeutic decisions. Present in the operating room for all surgical procedures. The Attending is promptly available.
Coordination with public and private agencies and trauma centers in injury prevention programs. IX 15	Information provided is generic. The Plan refers to ICEMA's goal of increased participation in injury prevention activities. *Recommendation: Include in system objectives the future role of the local EMS agency and designated trauma with injury prevention activities.*
Current Status	• **Complete:** Please see in Trauma System Status Report: Trauma System Goals and Objectives (No. 13) updated sections: V and IX • ICEMA is involved in Health Fairs.

Loma Linda University Medical Center
Adult/Pediatric Trauma Service
Trauma Team Activation Guidelines
Effective 12/11/03 (Currently Under Revision)

These guidelines are to identify & validate the reasons for activating the Trauma Team in the ED

LEVEL A – FULL TEAM RESPONSE	
1. Revised Adult Trauma Score $\leq$ 8 (prior to/or on arrival to ED) 2. Pediatric Trauma Score $\leq$ 8 (prior to/or on arrival to ED) 3. Glasgow Coma Scale $\leq$ 8 (prior to/or on arrival to ED) 4. Gun Shot Wound to Neck or Torso 5. Neck or Back Injury with Neurological Deficits 6. Major Vascular Injury – uncontrolled external bleeding or ischemia 7. Chest Wall Trauma with respiratory compromise/obstruction and/or intubation 8. BP <90/palpated in the field/ED 9. Trauma Full Arrest; all penetrating, blunt <5 minutes down 10. Transfer patients from other hospitals receiving blood to maintain vital signs	**Team Members** **Trauma** - Attending - Resident **Emergency Department** - Attending - Resident **ED Staff**

LEVEL B – PARTIAL TEAM RESPONSE		
Vital Signs & Anatomic Injuries 1. Resp. Rate <10 or >30 per min 2. GCS $\leq$12 3. Flail Chest 4. Pelvic Fractures 5. $\geq$ 2 Proximal Long Bone Fx 6. Amputations Prox. Wrist/Ankle 7. Isolated GSW to Head 8. EMS 9. Trauma Arrest: blunt >5 mins down	**Mechanism of Injury** 1. Electrical Burns 2. Stab Wound to Torso 3. Falls > 20 feet or 2 stories 4. Pedestrian Struck 5. Co-occupant Death 6. All Shotgun Wounds 7. Rollover TC with associated known injury 8. Ejection (Auto, motorcycle, bicycle) >10 feet Other 9. Peds Score 10 or less 10. Age $\geq$ 75 yrs old 11. Pregnancy $\geq$20 weeks	**Team Members** **Trauma **** - Resident (min. 3rd yr.) **Emergency Department** - Attending - Resident **ED Staff**

LEVEL C – LIMITED RESPONSE		
Adult Guidelines 1. Potential Admission to Trauma Svc. 2. Pts needing F/U in Trauma Clinic	**Pediatric Guidelines** 1. Pts $\leq$ 14 yrs old in route via EMS, regardless of trauma score	**Team Members** **Trauma **** - Resident (min. 3rd yr.) **Emergency Department** - Attending - Resident **ED Staff**

**The Trauma Attending is aware of all trauma patients. Supervises the Trauma Resident's management of the trauma patient. Provides guidance in major therapeutic decisions. Present in the operating room for all surgical procedures.

Arrowhead Regional Medical Center
Trauma Team Activation Criteria
Effective 02/23/2006

Patients with multisystem injury require assessment and intervention by an organized team of professionals from a variety of specialized services. This multidisciplinary group will be know as the Trauma Team and will be utilized for all patients meeting specific established criteria.

TRAUMA TEAM ACTIVATION CRITERIA	

Criteria:
 1. Patient not responsive to verbal command (GCS <13)
 2. Airway Compromise
 3. Hypotension with systolic BP <90
 4. Penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
 5. Chest wall trauma with flail or open chest wound
 6. Traumatic full arrest
 7. Paralysis
 8. Amputation proximal to wrist and ankle
 9. Bone injuries:
   a. Pelvic Fracture
   b. Open and depressed skull fracture
 10. Patients transferred in receiving blood products to maintain vital signs
	Team Members
	 Surgery
	 - Attending
	 - Resident
	 Emergency Department
	 - Attending
	 - Resident
	 Anesthesiologist/Nurse Anesthetist
	 Respiratory Therapist
	 Trauma Nurse
	 Radiology Technician
	 - Other ancillary departments, services, and consultations will be mobilized as needed via the telephone and computer network call list.

Patients with potential multi-system injuries not meeting Trauma Team Activation criteria may require classification as a Trauma Alert.

TRAUMA TEAM ALERT CRITERIA	
Criteria: 1. Ejection from automobile 2. Death in same passenger compartment 3. Extrication time >20 minutes 4. Falls >20 feet 5. Rollover with significant injury 6. Auto-pedestrian/auto-bike injury with significant (5mph) impact 7. Pedestrian thrown or run over 8. Motorcycle crash >20 mph or with separation of rider from bike 9. Age >59 with blunt injury to the torso (chest and/or abdominal injury) 10. Children <5 years old 11. Two long bone fractures (femur, humerus, tibia) 12. Pregnancy 23 weeks gestation or greater	**Team Members** **Surgery **** - Resident (min. 3rd yr.) - Intern **Emergency Department** - Attending - Resident (min. 3rd yr and successfully passed ATLS course) **Radiology Technician** **Trauma/Ed Nurse** ***The Attending General Surgeon is aware of all trauma patients. Supervises the Surgical Resident's management of the trauma patient. Provides guidance in major therapeutic decisions. Present in the operating room for all surgical procedures*

Other Issues

Currently there are no relevant issues at this time.

Appendices:

Each of these updates will fit within the old plan**.**

SECTION	TITLE	CHANGES (IF ANY)
A	Base Hospital Selection Criteria	Reformatted 08/03
B	Base Hospital Criteria for Destination of Hospital Licensed as Stand-by	No changes
C	Facilities Assessment	Updated information
D	Continuation of Call Agreement	No changes
E	Hospital Diversion Policy	Revised policy 04/04/05
F	Data Collection Forms and Instructions	Revised policy 05/01/06
G	EMS Quality Improvement Plan	Revised EMS QI Plan 04/05/05 (See ICEMA website www.ICEMA.net)
H	Proposed Rural Trauma System Plan	Rural Trauma Team concept: Corrected Goal to comply with levels specified in Trauma Regulations (1999) (Goals will be addressed in the Trauma System Goals and Objections Section)
I	EMT-P Inter-facility Transport Guidelines	Revised policy 05/01/06
J	Inter-facility Transport Nurse Staffed Units	Revised policy 05/01/06
K	Inter-facility Transfer Policy	Reformatted 08/03
L	EMS Aircraft Policy	Revised policy 03/20/06
M	Public Hearing Notices	No changes
N	Trauma Plan Development Guidelines (EMSA #151)	No updates
O	Level I, II Adult and Pediatric Trauma Center Regulations	Added Level III and Level IV regulations (No designations at this time) EMSA REGS
P	Burn Protocol, ALS Manual	Revised, added to trauma policy #8001, 8003, 8010, 8012 (11/01/04) See Appendix Q
Q	ICEMA Trauma Protocols	Revised: #8001, 8003, 8010, 8012 (11/01/04)

Appendix C

Facilities Assessment

Department of Health Services - Licensing and Certification
Facility Listing

REPORT SELECTION CRITERIA

REPORT TYPE: All Facilities

FACILITY STATUS: Open

FACILITY TYPES: GACH

LICENSEE TYPES: All

COUNTIES: SAN BERNARDINO

DISTRICTS: All-All

ACCREDITATION: All

SORT ORDER: FacilityType/Name

INFO LEVEL: Basic

FACILITY NAME / STREET ADDRESS / CITY / STATE / ZIP / ADMINISTRATOR / E-MAIL ADDRESS / PHONE NUMBER / FAX NUMBER	FACILITY ID / FACILITY TYPE / COUNTY / STATUS / PERSON ASSIGNED TO	PROVIDER NO.	OSHPD NO. / CAPACITY / ACCREDITATION / CLOSURE DATE	LICENSEE NAME / STREET ADDRESS / CITY / STATE / ZIP / LICENSE NUMBER / PHONE NUMBER	LICENCEE TYPE / LICENSE DATES EFF EXP / LICENSE STATUS
ARROWHEAD REGIONAL MEDICAL CENTER 400 N. PEPPER AVENUE COLTON CA 92324 Griffith-Collison, June gillespiem@armc.sbcounty.gov (909)580-1000 (909)580-1248	240000100 General Acute Care Hospital SAN BERNARDINO Open	050245	JCAHO 373	County Of San Bernardino 400 NORTH PEPPER AVENUE COLTON CA 92324 240000197	County 02/01/2007 01/31/2008 Active
BARSTOW COMMUNITY HOSPITAL 555 SOUTH SEVENTH AVENUE BARSTOW CA 92311 Judd, Russell (760)256-1761	240000001 General Acute Care Hospital SAN BERNARDINO Open	050298	JCAHO 56	Hospital Of Barstow, Inc. P.O. BOX 1120 BARSTOW CA 92312 240000110	Profit Corp 07/13/2006 11/12/2007 Active
BEAR VALLEY COMMUNITY HOSPITAL 41870 GARSTIN DRIVE BIG BEAR LAKE CA 92315 Colunga, Vi www.bvchd@yahoo.com (909) 866-6501 (909) 878-8282	240000002 General Acute Care Hospital SAN BERNARDINO Open	050618	JCAHO 30	Bear Valley Community Healthcare District P.O. BOX 1649 BIG BEAR LAKE CA 92315 240000111	Health Care District 12/21/2006 12/20/2007 Active
CALIFORNIA INSTITUTION FOR MEN HOSPITAL 14901 S. CENTRAL AVE. CHINO CA 91710 Spiwak, Herbert (909)606-7192	170000273 General Acute Care Hospital SAN BERNARDINO Open		80	State Of California Department Of Corrections 2302 BROWN ROAD IMPERIAL CA 92251 170000004 (760)337-7900	State Agency 08/20/2006 11/19/2007 Active
CHINO VALLEY MEDICAL CENTER 5451 WALNUT AVE. CHINO CA 91710 (909)464-8604 (909)464-8882	240000003 General Acute Care Hospital SAN BERNARDINO Open	050586	AOA 126	Veritas Health Services, Inc. 5450 JEFFERSON AVENUE, SUITE 3 CHINO CA 91710 240000125 (909)464-8600	Profit Corp 04/07/2007 04/06/2008 Active
COLORADO RIVER MEDICAL CENTER 1401 BAILEY AVENUE NEEDLES CA 92363 MCDANIEL, RUTH A NANCY.CARLSON@LPNT.NET (760)326-4531 (760)326-4532	240000034 General Acute Care Hospital SAN BERNARDINO Open	051323	JCAHO 25	Principal-Needles, Inc. 1401 BAILEY AVE NEEDLES CA 92463 240000227 (615)377-4260	Profit Corp 12/01/2006 11/30/2007 Active
COMMUNITY HOSPITAL OF SAN BERNARDINO 1805 MEDICAL CENTER DRIVE SAN BERNARDINO CA 92411 Satzger, Bruce (909)887-6333 (909)887-6468	240000082 General Acute Care Hospital SAN BERNARDINO Open	050089	JCAHO 321	San Bernardino Community Hospital 1805 MEDICAL CENTER DRIVE SAN BERNARDINO CA 92411 240000198	Nonprofit Corp 07/01/2006 10/31/2007 Active
DESERT VALLEY HOSPITAL 16850 BEAR VALLEY ROAD VICTORVILLE CA 92395 Krissman, Roger www.dvmc@yahoo.com (760)241-8000 (760)241-8220	240001330 General Acute Care Hospital SAN BERNARDINO Open	050709	83	Desert Valley Hospital, Inc. 16850 BEAR VALLEY ROAD VICTORVILLE CA 92392 240000562	Profit Corp 08/31/2007 08/30/2008 Active

NOTE: * - A Distinct Part, HHA, Branch or Other Hospice Location

FACILITY NAME / STREET ADDRESS / CITY-STATE-ZIP / ADMINISTRATOR / E-MAIL ADDRESS	PHONE NUMBER / FAX NUMBER	FACILITY ID / FACILITY TYPE / COUNTY / STATUS / PERSON ASSIGNED TO	PROVIDER NO.	OSHPD NO. / CAPACITY / ACCREDITATION / CLOSURE DATE	LICENSEE NAME / STREET ADDRESS / CITY-STATE-ZIP / LICENSE NUMBER / PHONE NUMBER	LICENSEE TYPE / EFF / EXP / LICENSE STATUS
HI-DESERT MEDICAL CENTER 6601 WHITE FEATHER RD JOSHUA TREE CA 92252 MESMER, KEITH admindept@bdmc.org	CA 92252 (760)366-3711 (760)366-6251	240000014 General Acute Care Hospital SAN BERNARDINO Open	050279	179 JCAHO	Hi-Desert Memorial Health Care District 6601 WHITEFEATHER ROAD JOSHUA TREE CA 92252 240000231	Health Care District 12/01/2006 11/30/2007 Active
KAISER FOUNDATION HOSPITAL, FONTANA 9961 SIERRA AVENUE FONTANA CA 92335 Antonio, Nanette	CA 92335 (909)427-7700 (909)427-7359	240000024 General Acute Care Hospital SAN BERNARDINO Open	050140	440 JCAHO	Kaiser Foundation Hospitals 1800 Harrison Street, 21st Floor 393 E. Walnut Street 7th Floor Oakland CA 94612 240000159 (510) 625-2439	Nonprofit Corp 03/31/2007 03/30/2008 Active
KINDRED HOSPITAL ONTARIO 550 NORTH MONTEREY AVENUE ONTARIO CA 91764 Trautman, Robert	CA 91764 (909)391-0333	240000040 General Acute Care Hospital SAN BERNARDINO Open	052037	91 JCAHO	THC - Orange County, Inc. 680 SOUTH FOURTH AVENUE LOUISVILLE KY 40202 240000561 (502)596-7300	Profit Corp 09/20/2006 11/19/2007 Active
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON STREET LOMA LINDA CA 92354 Fike, Ruthita J	CA 92354 (909)558-4000	240000027 General Acute Care Hospital SAN BERNARDINO Open	050327	709 JCAHO	Loma Linda University Medical Center, Inc. 11234 ANDERSON STREET LOMA LINDA CA 92354 240000169	Nonprofit Corp 02/14/2007 10/31/2007 Active
Loma Linda University Medical Center East Campus Hospital 25333 BARTON ROAD LOMA LINDA CA 92354 Fike, Ruthita J	CA 92354 (909)825-8601	240000025 General Acute Care Hospital SAN BERNARDINO Open	050587	113 JCAHO	Loma Linda University Medical Center, Inc. 11234 ANDERSON STREET LOMA LINDA CA 92354 240000169	Nonprofit Corp 02/14/2007 10/31/2007 Active
Montclair Hospital Medical Center 5000 SAN BERNARDINO ROAD MONTCLAIR CA 91763 Bretano, Gregory	CA 91763 (909)625-8300 (909) 626-4777	240000009 General Acute Care Hospital SAN BERNARDINO Open	050758	102 JCAHO	Prime Healthcare Services III, LLC 16850 Bear Valley Road Victorville CA 92395 240000141 (760)241-8222	Limited Liability Company 09/06/2006 11/05/2007 Active
MOUNTAINS COMMUNITY HOSPITAL 29101 HOSPITAL ROAD LAKE ARROWHEAD CA 92352 Hoss, James	CA 92352 (909) 336-3651 (909) 336-4730	240000052 General Acute Care Hospital SAN BERNARDINO Open	051312	35 JCAHO	San Bernardino Mountains Community Hosp. District P.O. BOX 70 LAKE ARROWHEAD CA 92352 240000176	Health Care District 09/23/2006 11/22/2007 Active
Rancho Specialty Hospital 10841 WHITE OAK AVENUE RANCHO CUCAMONGA CA 91730 Kerr, Michael michael.kerr@nstahealthcare.net	CA 91730 (909) 581-6400 (909)581-6418	240001515 General Acute Care Hospital SAN BERNARDINO Open	052049	55	Rancho Cucamonga Community Hospital, LLC 801 S. Chevy Chase Drive Suite 102 Glendale CA 91205 240000652 (818)481-9184	Limited Liability Company 12/21/2006 12/20/2007 Active

FACILITY NAME / STREET ADDRESS / CITY / STATE / ZIP / ADMINISTRATOR / E-MAIL ADDRESS	PHONE NUMBER / FAX NUMBER	FACILITY ID / FACILITY TYPE / COUNTY / STATUS / PERSON ASSIGNED TO	PROVIDER NO.	OSHPD NO. / CAPACITY / ACCREDITATION / CLOSURE DATE	LICENSEE NAME / STREET ADDRESS / CITY / STATE / ZIP / LICENSE NUMBER / PHONE NUMBER	LICENSEE TYPE / LICENSE DATES EFF EXP / LICENSE STATUS
REDLANDS COMMUNITY HOSPITAL 350 TERRACINA BLVD. REDLANDS CA 92373 Holmes, James	(909)335-5500	240000046 General Acute Care Hospital SAN BERNARDINO Open	050272	176 JCAHO	Redlands Community Hospital 350 TERRACINA BLVD. REDLANDS 240000191	CA 92373 Nonprofit Corp 11/01/2006 10/31/2007 Active
SAN ANTONIO COMMUNITY HOSPITAL 999 SAN BERNARDINO UPLAND CA 91786 MONREAU, STEVE	(909)985-2811 (909)985-7659	240000053 General Acute Care Hospital SAN BERNARDINO Open	050099	279 JCAHO	San Antonio Community Hospital Inc. 999 SAN BERNARDINO UPLAND 240000196	CA 91786 Nonprofit Corp 03/31/2007 03/30/2008 Active
ST. BERNARDINE MEDICAL CENTER 2101 N. WATERMAN AVE SAN BERNARDINO CA 92404 Barron, Steve steve.barron@chw.edu	(909)883-8711 (909)881-7692	240000103 General Acute Care Hospital SAN BERNARDINO Open	050129	463 JCAHO	Catholic Healthcare West 1401 South Grand Ave. Los Angeles 240000206	CA 90015 Nonprofit Corp 01/01/2007 12/31/2007 Active
ST. MARY MEDICAL CENTER 18300 HIGHWAY 18, P.O. BOX 7025 APPLE VALLEY CA 92307 Perezy, George	(760)242-2311	240000104 General Acute Care Hospital SAN BERNARDINO Open	050300	186 JCAHO	St. Mary Desert Valley Hospital 18300 HIGHWAY 18 APPLE VALLEY 240000207	CA 92307 Nonprofit Corp 12/22/2006 12/21/2007 Active
SUN HEALTH ROBERT H. BALLARD REHABILITATION HOSP 1760 WEST 16TH STREET SAN BERNARDINO CA 92411 Herrick, Robert robert.herrick@sunh.com	(909)473-1200 (909)473-1276	240001218 General Acute Care Hospital SAN BERNARDINO Open	053037	60	San Bernardino Rehabilitation Hospital, Inc. 101 SUN AVENUE NE ALBUQUERQUE 240000502 (505)821-3355	NM 87109 Profit Corp 05/05/2007 05/04/2008 Active
VICTOR VALLEY COMMUNITY HOSPITAL 15248 11TH ST. VICTORVILLE CA 92395 Peterson, PhD, Margaret R	(760)245-8691	240000054 General Acute Care Hospital SAN BERNARDINO Open	050517	99 JCAHO	Victor Valley Community Hospital 15248 11TH ST. VICTORVILLE 240000218	CA 92392 Nonprofit Corp 07/01/2006 10/31/2007 Active

TOTAL NUMBER OF FACILITIES LISTED: 22

NOTE: * - A Distinct Part, HHA, Branch or Other Hospice Location

06/15/2007

Department of Health Services - Licensing and Certification
Facility Listing

REPORT SELECTION CRITERIA

REPORT TYPE: All Facilities

FACILITY STATUS: Open

FACILITY TYPES: GACH

LICENSEE TYPES: All

COUNTIES: INYO

DISTRICTS: All-All

ACCREDITATION: All

SORT ORDER: FacilityType/Name

INFO LEVEL: Basic

Department of Health Services - Licensing and Certification
Facility Listing

FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS	PHONE NUMBER FAX NUMBER	FACILITY ID FACILITY TYPE COUNTY STATUS PERSON ASSIGNED TO	PROVIDER NO.	OSHPD NO. CAPACITY ACCREDITATION CLOSURE DATE	LICENSEE NAME STREET ADDRESS CITY / STATE / ZIP LICENSE NUMBER PHONE NUMBER	LICENCEE TYPE |—LICENSE DATES—| EFF EXP LICENSE STATUS
NORTHERN INYO HOSPITAL 150 PIONEER LANE BISHOP CA 93514 Halfen, John	(760)873-5811	240000037 General Acute Care Hospital INYO Open	050015	25 JCAHO	North Inyo County Local Hospital District 150 PIONEER LANE BISHOP CA 93514 240000179	Health Care District 11/01/2006 10/31/2007 Active
SOUTHERN INYO HOSPITAL 501 E. LOCUST, P.O. BOX 1009 LONE PINE CA 93545 BARON, LEE leebee40@aol.com	(760)876-5501 (760)876-2268	240000102 General Acute Care Hospital INYO Open	051302	37 Non Accrec	Southern Inyo Healthcare District 501 E. LOCUST LONE PINE CA 93545 240000205	Health Care District 07/01/2006 10/31/2007 Active

TOTAL NUMBER OF FACILITIES LISTED   2

REPORT SELECTION CRITERIA

REPORT TYPE: All Facilities

FACILITY STATUS: Open

FACILITY TYPES: GACH

LICENSEE TYPES: All

COUNTIES: MONO

DISTRICTS: All-All

ACCREDITATION: All

SORT ORDER: FacilityType/Name

INFO LEVEL: Basic

Department of Health Services - Licensing and Certification
Facility Listing

FACILITY NAME	FACILITY ID	PROVIDER NO.	OSHPD NO.		LICENSEE NAME
STREET ADDRESS	FACILITY TYPE		CAPACITY		STREET ADDRESS
CITY / STATE / ZIP	COUNTY		ACCREDITATION		CITY / STATE / ZIP
ADMINISTRATOR	STATUS		CLOSURE DATE		LICENSE NUMBER
PHONE NUMBER	PERSON ASSIGNED TO				PHONE NUMBER
FAX NUMBER					
E-MAIL ADDRESS					LICENCEE TYPE
					|—LICENSE DATES—|
					EFF EXP
					LICENSE STATUS

MAMMOTH HOSPITAL	240000005	051303			Southern Mono Hospital District
85 SIERRA PARK RD., P.O. BOX 660	General Acute Care Hospital		15		460 SIERRA MANOR 205
MAMMOTH LAKES CA 93546	MONO		JCAHO		MAMMOTH LAKES CA 93546
Myers, Gary	Open				240000008
(760)934-3311					
					Health Care District
					09/15/2006 11/14/2007
					Active

TOTAL NUMBER OF FACILITIES LISTED   1

NOTE: * - A Distinct Part, HHA, Branch or Other Hospice Location

06/15/2007

Appendix E

Hospital Diversion Policy

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
ICEMA POLICY

REFERENCE: 14051
EFFECTIVE: 04/01/05
REVIEW: 04/01/07
Page 1 of 2

SAN BERNARDINO COUNTY HOSPITAL DIVERSION POLICY

AUTHORITY

Health and Safety Code, Division 2.5, Chapter 6, Section 1798.101a (1), 1798.102, and 1798.170: The local EMS agency may develop triage and transfer protocols to facilitate prompt delivery of patients to appropriate designated facilities within and without its area of jurisdiction.

PURPOSE

ICEMA recognizes that emergency departments may not, at times, be able to accept patients and therefore adopts the following policy to provide structure to the diversion process to minimize adverse effects on patient care and the EMS system.

OBJECTIVES

- To assure transportation of 9-1-1 EMS patients to the closest most appropriate hospital.
- To provide a mechanism for a receiving hospital to request diversion
- To assure that EMS ambulances are not unreasonably removed from their areas of primary response.

POLICY

Diversion is a medical decision dependent upon the ability to provide safe and efficient patient care. Final authority relating to destination of a 9-1-1 ambulance rests with the Base Hospital physician.

This policy shall be utilized by receiving hospitals to request diversion of 9-1-1 ambulances when the hospital is temporarily not equipped and/or prepared to care for additional ambulance patients. A hospital's request to divert shall be made by the attending emergency department physician in consultation with the hospital administrative officer.

Hospitals shall maintain a current diversion policy consistent with ICEMA policy on file with and approved by ICEMA. ICEMA may perform unannounced site visits to hospitals on diversion status to ensure compliance with this policy.

EXCEPTIONS

Diversion requests will be honored, based upon available system resources, with the following exceptions:

1. A patient(s) in an ambulance on hospital property cannot be diverted.
2. Basic Life Support (BLS) units may not be diverted.
3. Patients exhibiting unmanageable problems, e.g. unmanageable airway, uncontrolled hemorrhage, cardio pulmonary arrest, in the field shall be transported to the closest appropriate hospital regardless of diversion status.
4. There is no ED diversion in the geographical areas serviced by Barstow Community Hospital, Bear Valley Community Hospital, Colorado River Medical Center, Hi- Desert Medical Center and Mountains Community Hospital.
5. If the three (3) most accessible hospitals within an incident location are on diversion, a diversion request will not be honored. The patient(s) must be transported to one of the three closest appropriate/requested receiving hospital regardless of diversion status.
6. In San Bernardino County, patients meeting Trauma Triage Criteria (Protocol Reference #8010 (Adult) and #8012 (Pediatric) shall only be diverted to another Trauma Center. In areas greater than thirty (30) minutes from a Trauma Center, contact a Trauma Base Hospital or assigned Base Hospital, if unable to access a

Trauma Center, for medical control and destination decision.
7. Patients enroute to a specific hospital for a specific pre-arranged service, e.g. helipad use, CT/MRI, angiography, direct admission or interfacility transfer or high-risk OB are not subject to diversion.

PROCEDURE

1. A Base Hospital on diversion shall continue to provide on-line medical control. The only exception is a declaration of an Internal Disaster affecting the Base Hospital's ability to provide on-line medical control.
2. Diversion status shall be reported via the Reddi-Net system or another established mechanism as outlined in the hospital diversion plan. The approved diversion categories are:

   a. **ED Diversion**: The hospital's resources are fully committed as determined by the ED attending physician in consultation with the hospital administrative officer and are not expected to become available during the next two (2) hours. ED diversion shall automatically expire at the end of a two (2) hour period and a hospital shall remain open for an additional two (2) hours. The hospital may request an extension of ED diversion if three (3) out of three (3) of the following criteria are met in Category One and two (2) out of three (3) criteria are met in Category Two.

      1) <u>Category One - Two-hour extension</u>. Hospital will notify ICEMA via ReddiNet.
         a) Increase in ambulance traffic resulting in one (1) patient remaining in prehospital provider care greater than twenty (20) minutes without an ED bed assignment
         b) Thirty percent (30%) of ED beds are occupied by admitted patients greater than four (4) hours
         c) All ED beds, including monitored beds, are occupied

      2) <u>Category Two - Extended Diversion</u>. Hospital CEO/designee will notify ICEMA on an hourly basis via ReddiNet.
         a) Increase in ambulance traffic resulting in one (1) patient remaining in prehospital provider care greater than sixty (60) minutes without an ED bed assignment
         b) Fifty percent (50%) of ED beds are occupied by admitted patients greater than six (6) hours.
         c) No available surgery suites available with consideration given to canceling elective surgeries,

   b. **Neuro Diversion**: The hospital is unable to provide access to a CT scanner.

   c. **Trauma Diversion**: (Trauma Centers only): Trauma team resources are fully committed and are not available for incoming patients meeting trauma triage criteria. ***When both Trauma Centers are on Trauma Diversion both Trauma Centers shall accept trauma patients.***

   d. **Internal Disaster**: Applies only to physical plant breakdown threatening the ED or significant patient services e.g. bomb threat, earthquake damage, hazardous materials exposure, terrorist activity or an incident involving the safety and/or security of a facility. In these cases, the hospital administration must immediately notify ICEMA and DHS after declaring an Internal Disaster. ***THIS CATEGORY SHALL NOT BE USED FOR STAFFING ISSUES.***

APPROVED:

_____   _____
EMS Medical Director   Date   San Bernardino Co. Health Officer   Date

_____
ICEMA Executive Director   Date

Appendix F

Data Collection Forms and Instructions

INLAND COUNTIES EMERGENCY MEDICAL AGENCY   REFERENCE: 14013
EMT-I and EMT-P STANDARD PRACTICE   EFFECTIVE: 07/01/02
Page 1 of 26

INSTRUCTIONS FOR THE 01A / F-1612 FORMS

PURPOSE
To help field providers in the proper, complete, and accurate documentation of prehospital care using ICEMA Run Report Forms. The 01A Narrative Form serves as the regional version of the EMT-P's Patient Care Record (PCR) as required in Title 22, Division 9 of the California Administrative Code (EMT-P regulations). The computer readable F-1612 data form is a data collection instrument designed to provide all core data for quality assurance, statewide and regional EMS system evaluation. Questions regarding completion of these forms, or to arrange a class teaching the use of these forms, contact ICEMA at 909-388-5823.

MARKING THE FORM
The 01A Form is a 4-part form printed on carbon less, pressure sensitive (NCR) paper. EMS personnel completing the form must make marks with a standard ink pen heavily enough to leave a legible impression on all copies. We recommend placing the form on a clipboard or other hard surface while you are making marks. When completing the reverse sides of the form, write on each form separately as the NCR paper will cause marks on the front of the 01A form.

DISPOSITION OF COPIES

WHITE:
The EMS service provider agency will keep the *white* (original/first part) copy of the 01A form.

GREEN:
The *green* copy of the 01A form becomes part of the patients' medical record for the receiving hospital. It is to accompany the patient to the receiving hospital for inclusion in the patient's medical record. When a transporting service provider (ambulance) arrives and prepares to transport, the first service provider agency will give their green medical copy to the transporting agency, even if the 01A form has not been completed. The 01A form may then be completed after the patient has left the scene, noting that fact in the comments. Do NOT have the patient wait for transporting while you are completing a form.

YELLOW:
The EMS service provider agency will send *all designated yellow* copies of the 01A form to ICEMA each month. **Designated copies are 1) patients under 18 years of age, 2) expanded scope skills, 3) expanded scope medications, and 4) ET attempts.** ICEMA reserves the discretion to request additional 01A forms from each agency. The Agency EMS Coordinator, and/or the assigned Base Hospital PLN must review each 01A with expanded scope skills and/or medications before sending them to ICEMA.

PINK:
The *pink* copy of the 01A form serves as a billing or extra copy for the EMS service provider agency (the field provider's employer). This copy may be used for educational purposes or prehospital research that is being conducted. It may be sent to the base hospital or other requesting party as requested. When using this copy for outside agencies, black out the patient's name and any personal identifying information.

WHEN TO COMPLETE A FORM
For every patient contact, a 01A form is required, including interfacility transfers. Each patient on scene will have a separate form completed. Each ALS provider, who makes patient contact, must complete a 01A form for that patient. Separate crews from the same provider that give care to the same patient, must complete a separate 01A form for the care they gave. Record items that reflect only those services provided by the person(s) completing the form. When one provider takes over care from another, record the ICEMA number from the 01A form completed by the transferring care provider in the space titled "Other ICEMA #."

EMERGENCY CALLS
EMT-P'S must completely fill out a 01A form for every emergency call where patient contact is made.
Exceptions are as follows:

1. Weight may be left blank if not used for treatment;
2. Mechanisms of injury should be blank for non trauma patients;
3. Zones may be blank if not applicable to the local area;
4. EKG rhythm should be blank if no EKG is done.

INTERFACILITY TRANSFERS
For reporting purposes, an "interfacility transfer" is a call on which a patient is transported from a hospital to another health care facility or other location. This includes calls on which they took a patient from a hospital to a nursing home (or vice versa); from a hospital to the patient's home; or from a hospital to another hospital. **ALS interfacility transfers (paramedic on the unit) require both a 01A Narrative form and a F-1612 data form.**

The following 01A Form items are to be completed for all ALS interfacility transfers:
1. patient name, home address and zip code
2. patient age and sex
3. chief complaint
4. blood pressure, respiration rates, respiratory efforts, capillary refill, eye opening
5. verbal response, motor response
6. head-to-toe physical assessment
7. care rendered (if any), response to treatment rendered and time administered
8. incident number
9. run dates
10. unit number
11. location (address of facility where patient is picked up)
12. times call for transport received
13. time dispatched (en route)
14. time of arrival at transferring hospitals
15. time departed a transferring hospital
16. time arrived at destination facility
17. receiving hospitals (or facility) code (for location to which patient transferred)
18. attendant signatures(s)
19. signature of person receiving the patient at the destination facility

CANCELED CALLS
A call is considered "canceled en route" when the dispatcher notifies the unit that they have canceled before the unit arrives on scene; that is, **before they make patient contact. A 01A FORM IS NOT REQUIRED for a call that is canceled enroute.** We recommend that provider agencies use a form for data collection (for example, a dispatch report form) that contains, at a minimum, the following information:

1. incident number
2. run dates
3. incident cities
4. time call received
5. time en route to the scene
6. run code to the scene
7. call outcomes ("canceled en route")
8. attendant certification number(s)
9. provider and unit number

DRY RUNS

For reporting purposes, a "dry run" is a call on which **no patient contact is made at the scene. A 01A FORM IS NOT REQUIRED FOR THIS TYPE OF RUN.** However, if patient contact is made, and the patient refuses treatment or transport, an O1A form is required. For dry runs with no patient contact, provider agencies may use an alternative method of data collection of their choice that contains, at a minimum, the following data:

1. incident number
2. run dates
3. incident cities
4. time call received
5. time en route to the scene
6. run code to the scene
7. Call outcomes ("dry run-no pt.")
8. attendant certification number(s)
9. provider and unit number

DETAILS FOR COMPLETING THE PCR 01A NARRATIVE FORM

CANCELED ~ AMA ~ TRANSPORT ~ AIR
Mark the appropriate box for the run.

ICEMA NUMBER
The preprinted ICEMA number is located at the upper left corner of the 01A Narrative form. Mark this number on the corresponding F-1612 data form in the spaces provided for "ICEMA #" (central bottom portions of the data form).

PRIM. INC.
Obtain this number from the dispatcher, normally after completion of the call. This is the incident (dispatch) number of the provider agency that sends the unit to the scene. Write the number in the space shown.

OTHER PROVIDER
Document the transporting agency's abbreviated name and the unit number of the vehicle when you transfer patient care to another provider for transport.

DATE
Write the date on which the provider agency received the call. Use a six-digit number. For example, enter 06/01/02 for June 1, 2002.

UNIT
This space is for the unit number (as assigned by the provider agency) of the vehicle that responded to the incident.

LOCATION OF CALL
Write the location of the incident as supplied by the agency dispatcher. Record the street number and street name when available. If they do not provide these items, record the cross streets and nearest city or community. Do not write "home" or "same."

CITY
Write the name of the city where the incident occurred. Use this to decide the city code entered on the F-1612 data form.

ZONE
Use this space to record the State Fire Marshall's fire demand zone number or the zone within a city designated by an EMS provider agency. ICEMA does not require the zone, use at the discretion of the provider agency.

NAME ~ ADDRESS ~ CITY ~ STATE ~ ZIP
Write in the patient's full name (first name, middle initial if any, and last name) on the line provided near the top of the form. Write the patient's street address, mailing address if different, the city where the patient resides, two-letter postal abbreviations for the state, and zip code on the second blank line. While on scene, and the patient is in a life-threatening situation or unable to provide an address, obtain the information from hospital personnel at the receiving hospital.

PHONE
Record telephone number to include area code.

SOCIAL SECURITY NUMBER
Enter nine-digit number.

AGE
After identifying the patient at the scene and inquiring about his or her age, record the age in years in the space shown.

DOB
Record the patient's date of birth in 6-digit format, for example, 01/01/02.

M/F
Record the patient's sex. Check the box before "M" for male, or "F" for female.

APPROX. WEIGHT
For all pediatric patients, write the patient's weight, in kilograms, in the space provided. For adults, record the weight only if necessary to treatment (for example, if drug dosage for patient condition depends upon body weight).

APPROX. HEIGHT
For all pediatric patients, record the patient's height, in feet and inches, in the space provided. For adults, record height only if weight is also necessary.

PT __ OF __
Enter assigned patient number out of total number of patients transported.

CARE PRIOR TO ARRIVAL
Check the appropriate box for the type of emergency care given prior to your unit's arrival.

1. None: No prior care.
2. CPR: If started prior to your arrival on scene
3. Other BLS: Any procedure listed in the Care Rendered-left column on the F-1612 data form.
4. ALS: Any procedure listed in the Care Rendered-right column on the F-1612 data form.

PRIOR CARE GIVER
Mark the appropriate box to show the type of agency/individual providing care prior to your unit's arrival on the scene.

1. CITZ.:   a citizen, bystander, or relative provided care.
2. None: no prior caregiver.
3. Medical: physician, nurse, first responders, ski patrol, or other trained medical person on a scene provided prior care.
4. FD/BLS: a BLS unit provided prior care.
5. Law Enforce: police, sheriff, or other law enforcement personnel provided care.
6. FD/ALS: a non-transporting ALS unit provided prior care.
7. ALS Amb: ALS ambulance personnel provided prior care.

RECEIVED
Time call is first received by EMS Provider Agency. This time may be received from the dispatcher after completion of the call. Write the time, in hours and minutes, using military time (a 24-hour clock) in the box provided. Valid times range from zero (midnight) to 2359 (11:59 p.m.). **Do NOT use 2400. Note:** For walk-in patients, the time call received is when the patient walks in the door; depart is when the patient leaves; and all other times are blank.

EN ROUTE
Time that the response unit begins physical motion; i.e. wheels begin to turn.

ARRIVE
Time the EMS unit stops physical motion at scene on staging area; i.e. wheels stop turning. (Last place that the unit vehicle stops prior to assessing the patient.)

PT. CONTACT
Time response personnel establish direct contact with patient.

DEPART
Time when the response unit begins physical motion from scene, i.e. when the wheels begin to turn. If you transport a patient, record DEPART as the time the ambulance leaves the scene enroute to the hospital or other destination. If the unit completing the run is not transporting the patient, record DEPART as the time when the unit is available for another call. If the patient refuses transport, record DEPART time as the time that you leave scene.

ARRIV. DEST/END CALL
Time when patient arrives at destination or transfer point, i.e. wheels stop turning. Leave blank if your unit is not transporting the patient. Note: **Time call ended; i.e. AMA, the time a non-transport provider transferred care to a transport provider.**

AVAILABLE
Record the time that the unit is back in service and available for another call, whether they transported the patient or not.

CODE EN ROUTE
Circle the number that corresponds to the definitions below by which the unit responded to the incident:
- **(1)**   Non-Emergent, no lights or sirens
- **(2)**   Urgent, obeying all traffic regulations, no lights or sirens
- **(3)**   Emergent, with lights and sirens

CODE DEPART
Circle the number that corresponds to the mode of transportation the ambulance utilized enroute to the hospital (1, 2, or 3, as described above). If transportation does not occur, leave this item blank.

ODOMETER
Use this section as directed by your employer. ICEMA does not require odometer readings.

FAC. CONTACTED
Write an abbreviation for the base hospital contacted on this call. If the unit never attempted to make voice contact with the Base Hospital, write "none." If the Base Hospital was successfully contacted, mark the type of instrument/frequency utilized:
1. BH: Base Hospital
2. VHF: EMS/HEAR radio
3. UHF: Bio-com
4. Phone: Land line telephones
5. CELL: Cell phone
6. 800Mhz: San Bernardino County system
7. None: In Radio Communication failure record the BH name

CONTACT TIME
Record the time contact was initiated with the base hospital.

RECEIVING HOSPITAL
Record the name or appropriate abbreviation for the hospital where the patient was transported.

Mark the ONE category that best describes the reason for selection of the receiving hospital:
Pt. Request: patient or patient's physician requested this facility
Diversion: the original receiving hospital selected was on diversion for this type of call
Trauma: transported to this facility because they require a trauma center
RCF: radio communication failure
Peds trauma: they require a pediatric trauma center
Reroute: the receiving hospital destination changed while the unit was en route from scene. E.g., a change in patient condition required selection of a different facility). Not to include change in the destination based upon hospital status (see "diversion")
Closest: the hospital is selected because it is closest to the scene
Other: a reason other than those listed above in selecting the receiving hospital

CHIEF COMPLAINT
Use the blank space under this heading to describe details of the patient's problem. Describe the location of injury; (head, face, neck, chest, abdomen, rt. or lt. arm or leg, rt. or lt. hand or foot), or sites of pain; the type of injury or pain (e.g., fracture, laceration, etc.), and other medically relevant signs and symptoms (e.g., estimated blood loss). Include drug or alcohol use here.

MECHANISM OF INJURY
For all trauma patients, record the reported cause of injury. Categories include motor vehicle accidents (MVA), motorcycle collisions (MCA), GSW, stabbing etc. For falls, specify if more than 20 feet. Show whether injury is blunt or penetrating. If undeterminable, write "unknown." Circle "Y"-yes or "N"-no to the following questions; did the patient wear a helmet, a seat belt, have a loss of consciousness (LOC), and was an airbag inflated?

MED. HISTORY
Use this space to record the patient's medical history. History may include cardiac, respiratory, liver, kidney, or other known disease, any recent and/or related illnesses, medical conditions, hospitalizations, history of trauma, or medical treatments. Also, record the time of injury or time of onset of symptoms as stated by the patient. Check appropriate predesignated diagnosis if one applies to the patient.

MEDICATION
Write the names of all prescription or over-the-counter medications the patient is currently taking. Abbreviate as necessary. If they do not know the specific name of the drug, record the class of drug or the action it takes (e.g., insulin, diuretic, an antidepressant, antihistamine, etc.). Include dose and frequency if it is taken daily (e.g., Bid, T.i.d., QD). Bring any medication not quickly identifiable to the hospital with the patient.

ALLERGIES
Mark the box 'NKA' for no known allergies. Otherwise, record the names of any medications to which the patient has had an allergic reaction. Also record any other allergies either related to the current problem (for example, the mechanism of injury is "bite/sting" and the patient is allergic to bee stings), or environmental allergies (for example Latex allergies).

BLOOD PRESSURE
Record the time (use a 24-hour clock) and initial blood pressure reading as systolic/diastolic. Note if auscultation or palpation was used to obtain B/P. Record blood pressure readings as required by protocol. If you require additional space, use the Narrative section.

PULSE
Record the rate and quality of the pulse (e.g., thready, bounding, irregular). Use appropriate abbreviations (e.g., 70 norm., 60 irreg.). Record repeated pulse rate and quality as required by protocol. Use the Narrative section for additional space, if required.

RESPIRATION
Record the rate, number of respiration's per minute/quality of respiration's (e.g., clear, wheezes, rales, unequal, or absent). Record repeated respiratory rate and quality as required by protocol. Describe lung sounds as auscultated with a stethoscope. Use the Narrative section for additional space, if required.

PULSE OX
Give numeric value as a percentile and whether it was taken on room air or with supplemental oxygen.

SKIN COLOR
Mark the category that most closely matches the patient's skin color upon initial assessment: normal, pale/ashen, cyanotic, or flushed. Check box "A" for first time observed and box "B" where a vital sign is repeated record time for "A" and time "B" in line provided.

MOISTURE
Mark how much skin moisture noted on initial assessment: normal, dry, moist, or profusely diaphoretic.

SKIN TEMP
Mark the patient's skin temperature as noted on initial assessment: hot, warm, cool, or cold.

PUPILS - LT (LEFT) RT (RIGHT)
Mark the boxes that best describes the pupillary response or status upon initial assessment of the patient. Separate columns are provided for description of pupillary response in left and right eyes.

RESPIRATORY EFF.
Record the patient's visible respiratory effort (chest wall movement), mark the box next to the category that better describes the present condition for this patient--normal, or abnormal (shallow/retractive/none).

1. Normal: easy, unlabored, deep respirations.
2. Shallow: diminished volume of respirations.
3. Retractive: this involves the use of the accessory and/or abdominal muscles for breathing.
4. None: mark if patient has no apparent respirations.
   If no box is marked, it will be assumed that no assessment was done.

CAPILLARY REFILL
Mark the box next to the category that best describes the patient's capillary refill upon assessment.

1. Immediate: return of color in two seconds or less.
2. Delayed: color does not return in less than two seconds
3. None: no return of color.

EYE OPENING
Note the patient's initial ability to open his/her eye(s). Mark the box next to the appropriate category.

1. Spontaneous: patients' eyes open without stimulation; patient can close eyes upon request.
2. To voice: eyes open when the patient's name is spoken or shouted.
3. To pain: eyes open in response to a standard pain stimulus.
4. None: eyes do not open despite a stimulus.

VERBAL RESPONSE

Mark the box next to the category that describes this patient's initial best verbal response.

1. Oriented: correctly responds when asked name, place, date, and history of an event.
2. Confused: incorrectly responds to questions, but can produce phrases of more than two
3. Inappropriate: able to produce only an intact word or two in response to physical stimulation.
4. Incomprehensible: able to produce sounds (mumbling or groaning), but no words.
5. None: no verbal response to any stimulation.

MOTOR RESPONSE

Mark the box next to the patient's initial best motor response.

1. Obedient: Pt. ability to comprehend, physically execute a spoken or written instruction.
2. Purposeful: patient responds to a standard pain stimulus.
3. Withdrawal: no verbal response; the elbows flex rapidly with no muscle stiffness.
4. Flexion: no verbal response; the elbows flex slowly and muscle is stiff.
5. Extension: no verbal response; arms and/or legs out; muscles are stiff.
6. None: no verbal or motor response.

PULSE

Mark the box next to the appropriate area (Femoral, Radial, Carotid) as present or absent.

GCS

Enter the GCS (Glasgow Coma Scale) and include in report to base hospital.

PT PHYSICIAN

Enter name of patients' physicians, if known.

TEMP

Enter patients' body temperature and location taken (oral, tympanic).

BLOOD GLUCOSE D50/D25

Enter blood glucose numeric value before D50/D25 was given and enter a secondary numeric value for the repeat blood glucose after the administration of D50/D25.

END-TIDAL Co2 DETECTED

If the patient is intubated, note detection of Co2 after placement, before the patient is moved and after moving patient.

SECONDARY SURVEY

Mark the box for the appropriate category in each section of the "**neuro/head**" survey.

WNL: within normal limits.
N/A: not applicable.
ABN: abnormal.

In the comments section next to "**neck**", mark box if no JVD (jugular venous distention); next to "**chest**", mark if negative barrel hoop; next to "**abdomen**", mark if soft and/supple; next to "**back-spine**", mark if full spinal immobilization was instituted (this constitutes rigid collar, head/chin straps, head bed, long board and straps); next to "**pelvis**", mark box if negative or no instability noticed; next to "**extreme**", mark box if no distal edema and if the patient has full range of motion.

NARCOTIC GIVEN ~ NARCOTIC WASTED

Enter the amount of the narcotic given to patient. Enter the amount, date, time, and location where narcotic was wasted. The EMT-P and the Nurse who witnessed the waste of the narcotic must sign in the appropriate area.

EKG - DEFIB RHYTHM
When an EMS field provider places a patient on the monitor, this area must be completed. Do not record a rhythm obtained by another unit. Record the initial and any subsequent rhythms in the spaces provided. Enter energy level in joules if patient is cardioverted or defibrillated, and rhythm following procedure. If TCP is utilized note capture, rate and amperes used. If additional space is needed, continue in the Narrative/Assessment section.

CARE RENDERED
Record the time that any medication or procedure was ordered or initiated by the EMT/Paramedic, using the 24-hour clock format. Identify medications and procedures prior to Base Hospital contact with the abbreviation "PTC" immediately following the time. **Be sure to include all types of treatment in this section. Record only those treatments provided by attendants signing this form.** Record the time when each procedure was initiated. Include RT/Size-route and size of appliance used, dose and response to treatment in sections provided. Record the complete name of all drugs administered, with the time ordered, route, dose, and time administered. Use abbreviations as necessary. If the Base Hospital ordered, medications or procedures but where not completed please note that fact in this section

PQRST
Record in the PQRST box as applicable.

"P"   Provoke-what provoked pain?
"Q"   Quality of pain-sharp/dull?
"R"   Radiate-where does the pain radiate?
"S"   Severity-have the patient rate on a 1-10 scale how severe they feel the pain is, one being the least pain they've experienced and 10 being the worst.
"T"   Time-how long have they had the pain?

NARRATIVE/ASSESSMENT
Use this section for details concerning the patient. Include exceptions and unusual conditions or circumstances. Record the type of care administered prior to arrival of this unit. Overall change (or no change) in patient condition. Do not record personal opinions. Note pertinent negatives in physical assessment and response or change after care rendered. Use **ICEMA Supplemental Patient Report** form if more space is needed.

3 TEAM MEMBER SIGNATURE AREAS
This area is for the name and Accreditation/Certification number of the team members. Mark the appropriate box for each team member.

1. Patient Attendant: The team member responsible for patient care.
2. Radio Attendant: The team member who made contact with the Base Hospital.
3. Completed form: The team member who actually completed the O1A form.
4. Other: Mark this box if there is a third member (trainee or ride out).

FORM NOT COMPLETED ON SCENE
Mark this box when the O1A form is not completed on scene.

PT RECEIVED BY
The physician or nurse taking responsibility for the patient must sign this area upon arrival at the receiving hospital or facility. When an air ambulance takes a patient from a ground ambulance for further transport, the person on the air transport crew will sign here. They now assume responsibility for patient care. The ground ambulance gives the second green copy of the form to the person whose signature appears in this area.

REVERSE SIDES OF FORM
The reverse sides of the original and three copies of the 01A Narrative form contain additional printed information. When filling out the reverse sides remember to write only on the form you are using.

BACK OF FIRST (WHITE) COPY

BILLING INFORMATION
This is the provider's copy. Complete this section as directed by your employer. ICEMA does not require completion of billing information.

MEDICAL/LIABILITY RELEASE FORM
If the patient refuses treatment, have the patient complete the "Medical Liability Release Form" on the back of the first copy (white) of the 01A Narrative form. If the patient is a minor, also have the parent or guardians sign the release. Sign the release in the area for Witness 1, and obtain the signature of a second witness. If Base Hospital contact was made, mark the box next to "Yes" on the bottom of the release; otherwise, mark "No". Document in the Narrative all pertinent information regarding the incident.

PHYSICIAN'S RESPONSIBILITY
If a physician on scene states a desire to take charge of the patient, he or she must show a current California Medical Physician's License. The doctor must read the "Physician's Responsibility" statement on the back of the first copy (white) of the 01A form and must sign the form, including his or her license number and expiration date. Make Base Hospital contact and state that a physician is on scene requesting to take medical control of the patient. **If the Base Hospital physician agrees to relinquish control** you may perform any procedure or give any medication approved for use in the ICEMA region under the direction of the physician on scene. This physician must accompany the patient to the receiving facility in the ambulance. The field provider must complete the 01A form as usual.

BACK OF SECOND (GREEN) COPY

THROMBOLYTIC ASSESSMENT
This checklist should be completed while enroute on all chest pain patients. This information should be conveyed to the Base Hospital as soon as possible.

BASE HOSPITAL/RECEIVING FACILITY
These codes are to be used to identify the Base Hospital/Receiving Facility

RULE OF NINES CHART
This chart is included to assist the provider in determining burn percentages for the adult and pediatric patient.

APGAR SCORING
This chart is available for use in assessment of the newborn infant.

STANDARDIZED ABBREVIATIONS
These should be used consistently throughout the completion of the form. If an abbreviation is questionable, completely spell out the word so it is clear and concise to any individual reading the form.

BACK OF THIRD (YELLOW) COPY

This completed form must be given to the Base Hospital PLN; if patient is transported there, OR given to your QI/EMS Coordinator if patient transported to another facility. Complete for evaluation of the advanced skills: Adult Endotracheal Intubation, Pediatric Endotracheal Intubation, Nasotracheal Intubation, Percutaneous Needle Cricothyrotomy, Intraosseous Infusion, Transcutaneous Cardiac Pacing.

1. In space provided **record the patient's name** as written on the original 01A form.
2. Record the ICEMA run report number in space provided from the front of the 01A form.
3. Check all the procedures utilized in the boxes provided.

INTUBATION
Check the box provided for an adult or pediatric patient. Then mark the route used, (nasal or oral). Enter size of ET tube, number of attempts made and yes or no to if the procedure was successful.

NEEDLE CRICOTHYROTOMY
Enter the size of the needle, or name of the approved device, number of attempts, and if the procedure was successful.

INTRAOSSEOUS INFUSION
State the size of the IO catheter, number of attempts, and if the procedure was successful.

PLACEMENT VERIFIED
Document how you verified proper placement of device/procedure.

TRANSCUTANEOUS CARDIAC PACING
Document if the transcutaneous pacer captured the rhythm:

1. HR   The rate at which the pacemaker captured.
2. AMP   The amplitude needed to capture.
3. Palpable pulse rate   The palpated HR in beats per minute.
4. B/P   Blood pressure after pacing achieved.
5. Atropine given   Yes or No.

PULSE OXIMETRY
Record numeric value in a percentage of O2 present before treatment and after treatment.

END TIDAL CO2
Record if detected-yes or no, and percentage detected.

IF THE PROCEDURE YOU USED WAS SUCCESSFUL
Explain in the narrative the patient's response to treatment.

IF THE PROCEDURE YOU USED WAS UNSUCCESSFUL
Explain in the narrative what you felt inhibited the procedure from being successful (e.g., irreg. Anatomical structure, broken equipment, incorrect placement, etc.).

FIELD ASSESSMENT/TREATMENT INDICATORS
Document all the patient indicators for the procedure performed.

PROCEDURE PERFORMED
Document how procedure was performed: prior to contact, in radio communication failure (RCF), or upon base hospital order.

OTHER DOCUMENTATION
Document the name of the Receiving Facility, and/or the Base Hospital. Have receiving hospital physician sign the form in the space provided. The paramedic who completed the skill and the evaluation form signs the form in the space provided. The paramedic must give this form to the PLN at the contacted Base Hospital for review if the patient was transported to that facility or to their QI/EMS Coordinator if patient was transported to another facility.

PLN DOCUMENTATION
This area needs to be completed by either the PLN or QI/EMS Coordinator and sent to the ICEMA ALS Coordinator with a photocopy of both sides of the 01A form on a monthly basis.

BACK OF FOURTH (PINK) COPY
MULTIPLE PATIENT TRIAGE FORM
This area is provided to assist with multiple casualty incidents. This form is to help the team members with rapid patient assessment and organization. **Each patient requires a separate 01A Form and F-1612 data form.**

PATIENT TRANSPORTATION RECORD/MCI WORK SHEET

This is a work sheet provided to assist the paramedic with keeping track of where multiple patients are transported during a MCI. For each patient, enter:

1. name of the transporting agency
2. patient's triage tag number
3. approximate age and sex (M or F)
4. patient's triage priority status; "**I**" for immediate, "**D**" for delayed, or "**M**" for minor

Enter a brief description for chief complaint, and ETA in minutes from scene departure to arrival at receiving hospital. Record "Off Scene Time" as the time the transporting unit leaves the scene. **Following initial triage, complete a full set of Run Report Forms for each patient**. Information recorded on the multiple patient triage form can transfer to the front of the individual patient's 01A form.

INSTRUCTIONS FOR COMPLETING THE PCR F-1612 DATA COLLECTION FORM

MARKING THE FORM

The F-1612 data form is to be completed separately from the 01A form. Complete all marks on this form within the boxes or "bubbles" in ink, (any dark color except red) or a black pencil. Mark only designated boxes. No other marks or comment should appear. For optimal scanning, **do not fold, staple, paper clip, or bend this form.** The scanner will read any other writing, lines, or comments as data, even if intended as a line or comment. 'MONO Correction Tape', by TOMBOW, may be used to make corrections instantly cleanly completely and remark the error directly on film. This product is a timesaving option. White out correction fluid may also be used to correct marks made in error. Apply a thin coat; thick fluid jams the form in the scanner. In addition, use care not to white out any of the black marks along the left side of the form. Do not make any marks or let white out run in the lower left corner of the form (below "Outcome" and "Why Selected").

DISPOSITION OF FORM

Field providers will send completed F-1612 data forms to ICEMA for data processing and quality assurance review 30 days following the run date. Agencies using electronic data submission will also send their data 30 days following the run date.

WHEN TO COMPLETE A FORM

For every patient contact, including interfacility transfers, an F-1612 data form is required. If more than one patient is at the scene, a separate form must be completed for each patient. If two providers are dispatched to the same scene, each ALS provider who makes patient contact must complete an F-1612 data form. **Items recorded on the forms should reflect only those services provided by the person(s) completing the form.** For example, when one ALS unit arrives first on the scene, the paramedic would record all care rendered to the patient on their F-1612 data form. If another ALS provider takes over care, the second paramedic would record treatment performed by its personnel on a separate F-1612 data form and will write the ICEMA number of the form completed by the first ALS provider in the space for "Other ICEMA #."

EMERGENCY CALLS

For every emergency call where patient contact is made, all sections must be completed on the F-1612 data form. **Exceptions are as follows:**

1. Mechanisms of injury should be blank for non-trauma patients.
2. EKG rhythm should be blank if no EKG is done.
3. Medications administered should be left blank if no medications where given.

INTERFACILITY TRANSFERS

In addition to the 01A narrative form, the F-1612 data form must be completed for all ALS interfacility transfers. If a hospital request a BLS transfer but they send a paramedic on the run (with or without an EMT-I), an F-1612 data form is required. If the provider makes a BLS transfer with a nurse but no paramedic, we require only the 01A

form.

ALS interfacility transfers (paramedic on the unit) require both an F-1612 data form and a 01A Narrative form. The following F-1612 data form items are to be marked for ALS interfacility transfers:
1. patient sex, age, and zip code
2. number of patients
3. incident number
4. rundate (date transported)
5. city code (for the city where the transferring facility is located)
6. run code to the scene
7. category (marked "transfer")
8. receiving hospital code
9. times call for transport received
10. time enroute
11. time of arrival at transferring hospitals
12. time departed a transferring hospital
13. time arrived at destination facility
14. systolic BP, respiratory rate and effort, capillary refill, eye opening
15. verbal response, motor response
16. care rendered (ALS or BLS if any during transport)
17. response to treatment rendered and time administered
18. medications (Note: Medications that are being monitored, i.e. Magnesium Sulfate drips)
19. patient condition (change/no change enroute)
20. outcome
21. attendant accreditation/certification numbers
22. provider and unit codes

CANCELED CALLS
A call is considered "canceled enroute" when the dispatcher notifies the unit that they have canceled the call before the unit arrives on a scene or before patient contact is made.

The following F-1612 data form items are to be marked for calls canceled enroute:
1. incident number
2. run dates
3. incident city code
4. run code to the scene
5. time call received
6. time enroute to the scene
7. call outcomes ("canceled enroute")
8. attendant accreditation/certification number(s)
9. provider and unit numbers

DRY RUNS
For data collection a "dry run" is a call on which **no patient contact is made at the scene.** Although the 01A form is not required for this type of run, an F-1612 data form is required. If patient contact is made at the scene and refuses treatment or transport, the F1612 data form is still required.

The following F-1612 data form items are to be marked for dry runs:
1. incident number
2. run dates
3. incident city code
4. run code to the scene
5. time call received
6. time enroute to the scene
7. call outcomes ("dry run-no pt.")
8. Attendant accreditation/certification number(s)
9. Provider and unit numbers

DETAILS FOR COMPLETING THE F-1612 PCR DATA COLLECTION FORM

The F-1612 data form should be completed as soon as possible after the call, while the details of the run are fresh in your mind. All marks on the form must appear within the "boxes." *Data recorded here must match corresponding items on the 01A Narrative form for the patient.* No extra comments or writing should appear on the F-1612 data form, as the scanner will read the data incorrectly.

SEX (*Fieldname: GENDER*)
To show the patient's gender, mark the appropriate box **(M)ale, (F)emale or (U)nknown** (if the sex cannot be determined). **Do not mark more than one box**. The scanner reads a mark in the box for "M" that extends into the next box for "F" as a question mark, causing an error in the data.

AGE
Mark two numbers, **(0-9)**. Mark the numbers under the heading "Age" that match the number of whole years in the patient's age. If the patient is less than one year old, mark two zeroes ("00"). If they state the patient's age as "18 months," mark ("01") in the numbers below "Age." If they state the patient's age in half-years, for example as "two and a half," record only the whole number of years (marking the numbers "02"). If the patient is more than 99 years old, mark two nines ("99"). When the patient is obviously dead, attempt to get age from another party at the scene who knows the patient, or estimate the patient's age.

ZIP
Mark the numbers **(0-9)** beneath the heading "Zip" that represent the **first five digits of the patient's zip code**. If the patient is homeless or in transition or for some other reason has no zip code, make no marks in this section. For patients from outside the United States, mark 99999.

#PTS (*Fieldname:* PTS)
Record the number of patients encountered under the heading "# Pts" by marking the box with the appropriate number **(0-9)**. If you encounter more than nine patients at the scene, mark the box for ">9". Both the 01A Narrative form and F-1612 data form must be completed for each patient. This item is used to count multi-casualty incidents for statistical reporting. For example, a three-victim motor vehicle accident would have three forms, with "Number patients" marked "3" on each form--three different ICEMA numbers, with one incident number.

INCIDENT
Mark eight boxes **(0-9)**. Using the dispatch number recorded on the *01A narrative under "Prim. Inc. #,"* mark the corresponding numbers below the heading for "Incident #." If the incident number is less than eight digits, mark zeroes to fill the boxes to the left of the incident number.

RUNDATE (*Fieldnames:* RUN-YEAR1 (9,0,1)/RUN-YEAR2 (0-9)/RUN-MONTH (0-9)/RUN-DAY (0-9))
Mark six boxes. Mark the numbers below the heading "rundate" that match the date written *in the "Date" area of the 01A Narrative.* Use 6-digit format and marking zeroes as necessary for the month and day, year, e.g., 06/01/02.

CITY
Mark three boxes **(0-9)**. Refer to the Incident City Codes listed on the back of the F-1612 data form. Find the three-digit code number across from the name of the city where the incident occurred. Mark the numbers beneath the heading "City" that represent this three-digit city code.

RUN CODE (*Fieldnames:* RUN TO CODE/RUN FR CODE)

Definitions:

(1)   Non-Emergent, no lights or sirens
(2)   Urgent, obeying all traffic regulations, no lights or sirens
(3)   Emergent, with lights and sirens

RUN TO CODE: Mark the number **(1, 2 or 3)** of run codes enroute to the scene. This should be the same number as that circled for *"Received Code" on the 01A Narrative.*

RUN FR CODE: Mark the number **(1, 2 or 3)** of run codes from the scene to the receiving. This should be the same number as circled for *"Depart Code" on the 01A Narrative.* If you make no transport, leave this item blank.

OTHER TRANSPORT PROVIDER/UNIT (*Fieldnames*: PROVIDER A/UNIT A)

Record the provider code **(0-9)** of another provider on scene. If your unit is the first on a scene and transfer patient care to another unit for transport, refer to the "Other Provider" area of the 01A Narrative. The transporting Provider Code list is on the back of the F-1612 data form. For fire departments, this code is "000." Record the 3-digit provider code and the unit number of the transporting unit. Complete this section only if a second unit is on scene and makes patient contact. **Use 777 for transport by any private car, truck, or other vehicle** that transports the patient (citizen transport). **Use 888 for transport by any provider that does not have an assigned code,** including transport by agencies outside the region.

TRANSP CODE1 (OTHER TRANSPORT)

Mark the type of unit **(MA, MS, ME, AM, SQ, E)** for another provider on scene. Enter this information only if a second unit is on scene and makes patient contact.

(MA)Medic Ambulance
(MS)Medic Squad
(ME)Medic Engine
(AM)Ambulance
(SQ)Squad
(E)Engine.

OTHER ICEMA# (*Fieldname:* ICEMA#1)

Enter another agency's 01A Narrative form number whenever another ALS provider agency is on scene and makes contact with the same patient. (*You mark their 01A number on your F-1612 data form, and they mark your 01A number on their F-1612 data form in the "Other ICEMA #" box.*) Fill this in whenever another 01A Narrative form exists for the same patient. If only one 01A form exists for a patient, this area should be blank.

PRIOR CARE

Mark the **one** appropriate box **(N, M, B, C, O, L, A)** to show the person or agent providing care or treatment to the patient prior to arrival of the prehospital field personnel completing this form.

1.   **(N)none:**   no care given to the patient prior to arrival of this unit.
2.   **(M)medical:**   a physician, nurse, or other medical person on a scene provided care.
3.   **(B)FD/BLS:**   a BLS unit provided prior care.
4.   **(C)citizen:**   a citizen, bystander, or relative provided care.
5.   **(O)other:**   Some person gave prior care not fitting any of the defined categories.
6.   **(L)law enf.**   police, sheriff, or other law enforcement personnel provided care.
7.   **(A)FD/ALS:**   another ALS unit provided prior care.

MECH. OF INJURY-TRAUMA ONLY (*Fieldname:* INJURY MECH)

Mark the space next to the **one** category **(M, C, G, S, A, D, F, B, L, T, P, O, U)** that best describes the mechanism of injury precipitating this call. **This section should be left blank for non-trauma cases.**

(M)auto/truck-MVA: any traffic incident, except those involving motorcycles. This includes an auto vs. an auto, auto vs. truck, pedestrian vs. autos, single vehicle collisions, etc.

SEATBELT: (*Fieldname*)	(Y)es or (N)o to show if the patient was wearing a seatbelt or other safety restraint device. Must be completed for all motor vehicle accident calls.
(C)motorcycle:	any traffic related incident involving a motorcycle or bicycle. This includes autos vs. motorcycle, motorcycle vs. pedestrian, bicycle vs pedestrian, etc.
HELMET: (*Fieldname*):	(Y)es or (N)o to show if the patient was wearing a protective helmet. Must be completed for all traffic-related incidents involving motorcycles.
(G)gunshot:	any call involving injury from a firearm, including a pistol, shotgun, rifle, or other similar weapon.
(S)stabbing:	a penetrating injury by a knife or other sharp object.
(A)assault:	any injury resulting from assault other than a gunshot wound or stabbing.
(D)near-drowning:	conditions resulting from submersion that deprives the patient of oxygen.
(F)fall >20' :	injury resulting from a fall from a building, ladder, or other place estimated at more than 20 feet from the area where the patient landed. Do not use this category for slips or short-distance falls such as a fall in the bathtub. **For short falls, mark "blunt injury" or "penetrating injury"** as appropriate.
(B)bite/sting:	injury from any type of animal, insect bite or sting; e.g., snakes, bee, a dog bite.
(L)blunt injury:	an accidental injury in which the skin is unbroken or only slightly opened.
(T)multiple mech.:	more than one mechanism of injury none more notable than another. If more than one mechanism, but one dominant injury occurs with other minor injuries, check the single category that caused the dominant injury.
(P)oth penetrating:	an injury other than stabbing which penetrates the skin and subcutaneous tissue.
(O)other:	any condition not covered under the categories above, including ski, snow boarding, and boating accidents.
(U)unknown:	the mechanism of injury cannot be determined.

CATEGORY

Mark the **one** box (**T, C, R, A, B, 5, U, D, E, O, P, S, M, N**) next to the category that best fits this patient.

(T)trauma:	any serious traumatic condition except cranial and/or spinal injury, assault involving domestic violence, or amputation. If you mark this box, you must **also mark "MECH. OF INJURY."** For **ski accidents**, mark this box and "MECH OF INJURY" as (O)ther.
(C)cardiac:	all acute cardiopulmonary emergencies including myocardial infarction or suspected heart attack.
(R)respiratory:	choking incidents, asthma attacks, and other situations in which the patient's primary difficulty is failure to breathe adequately
(A)amputation:	cases that involve potential re-implantation of a severed body part, cases involving complete or partial traumatic amputation of a body part.
(B)behavior/OD:	intoxicated or psychologically disturbed patients, conditions related with alcohol or drug related syndromes including drug overdose, attempted suicide, and homicide victims; **does not include "5150" cases.**

(5)5150:	patients transported to any mental health facility for 72-hour treatment and evaluation requested by law enforcement or other persons authorized to declare such treatment and evaluation
(U)burn:	injury by fire, explosion, or chemical burn.
(D)domestic viol:	calls involving child abuse or neglect, domestic partner abuse, elder abuse, or sexual assault. **Also specify "MECH. OF INJURY."**
(E)environment:	diving casualties, radiation accidents, hypothermia, heat exhaustion, and other cases involving exposure to the elements. **Also specify "MECH. OF INJURY."**
(O)obstetric:	problems relating to pregnancy, assistance with delivery, and postpartum emergencies.
(P)poisoning:	emergencies resulting from ingestion, inhalation, or other exposure to toxic substances including intentional and accidental poisonings and hazardous materials' incidents; any call involving use of a poison control center.
(S)spinal inj:	cranial and/or spinal trauma. **Specify "MECH. OF INJURY"**
(M)oth medical:	other medical complaints such as diabetic complications, abdominal pain, or any medical problem involving a system other than the cardiac or respiratory system.
(N)transfer:	any transfer of a patient from an acute care hospital to another facility.

BASE HOSP

Enter the base hospital code **(0-9)** only if BH was contacted. On the back of the F-1612 data form, find the name of the base hospital and the two-digit code next to the name. Mark the numbers corresponding to this code below the heading 'Base Hosp'.

NO HOSPITAL CONTACT-USE CODE "89"

Mark **(Y)**es if no BH contact attempted/needed, RCF or contact was with receiving hospital only.

Note:	Base Hospital	No Contact	Interpreted As:
	(blank)	Marked	no contact attempted/needed
	Marked	Marked	radio communications failure (follow RCF protocol)
	Marked	(blank)	successful base contact
	(blank)	Marked	Contact with receiving hosp only.

RECV HOSP

On the reverse side of the F-1612 data form, find the name of the receiving hospital and mark the two-digit code number **(0-9)** here. Use code **"77" for all subacute or chronic care facilities** (e.g., nursing homes). Use code **"99" for destinations other than acute care hospitals, subacute or chronic care facilities** (e.g., a residence). If the patient refuses transport or if another provider is transporting the patient, leave this item blank.

-TIMES-

CALL RECD

Time call is first received by EMS Provider Agency. Mark the numbers **(0-9)** that match the *"Received" time from the 01A Narrative form.* Use military time (a 24-hour clock). Valid times range from 0000 (midnight) to 2359 (11:59 p.m.). DO NOT USE 2400. **Note:** For walk-in patients, the time call received is when the patient walks in the door; depart is when the patient leaves; and all other times are blank.

ENROUTE

Time that the response unit begins physical motion; i.e. wheels begin to turn. Mark the numbers **(0-9)** that match the *"Enroute" time from the 01A Narrative form.*

ARRIVE (*Fieldname*: TIME ARRIVE)
Time the EMS unit stops physical motion at scene or staging area; i.e. wheels stop turning. Mark the numbers **(0-9)** that match the *"Arrive" time from the 01A Narrative form.*

DEPART (*Fieldname:* TIME DEPART)
Time when the response unit begins physical motion from scene, i.e. when the wheels begin to turn. . Mark the numbers **(0-9)** that match the *"Depart" time from the 01A Narrative form.* If you transport a patient, record DEPART as the time the ambulance leaves the scene enroute to the hospital or other destination. If the unit completing the run is not transporting the patient, record DEPART as the time when the unit is available for another call. If the patient refuses transport, record DEPART time as the time that you leave scene.

ARV DEST/END CALL (*Fieldname*: ARV DESTIN)
Time when patient arrives at destination or transfer point; i.e. wheels stop turning. Mark the numbers **(0-9)** that match the *"Arrive Dest" time from the 01A narrative form.* Leave blank if your unit is not transporting the patient. Note: Time call ended; i.e. AMA, the time a non-transport provider transferred care to a transport provider.

PT REFUSES CARE (*Fieldname*: REFUSE CARE)
Mark this area **(Y)** when a patient declines **all** prehospital treatment. In such situations, the patient must also sign the medical release section on the back of the first copy of the 01A Narrative form. If the patient refuses one or more specific types of care, document the type of care refused in the Narrative/Assessment section of the 01A narrative form.

RELEASE SIGNED
Mark this box **(Y)** when the patient refuses treatment and completes the "Medical Liability Release Form" on the *back of the first copy (white) of the 01A Narrative form.*

MEDICATIONS (*Fieldname*: MEDICATION)
Mark as many boxes **(A, H, B, J, P, K, D, 1, 2, E, Q, F, G, L, R, S, M, N, 3, W, C, 4, V, U)** as apply. Mark ONLY the box(es) given by the unit recording this run. The medications are listed alphabetically; **(A)act. charcoal, (H)adenosine, (B)albuterol, (J)aspirin, (P)atropine, (K)bretylium, (D)dextrose, (1)diphenhydram, (2)dopamine, (E)epineph-IV, (Q)epineph-SQ, (F)furosemide, (G)glucagon, (L)lidocaine, (R)magnesium, (S)midazolam, (M)morphine, (N)naloxone, (3)nitroglycerine, (W)phenylephrine, (C)procainade, (4)sodium bicarb, (V)verapamil, (U)other med, for medication(s) administered but not listed.** For Interfacility Transfers, mark boxes for medication that are being monitored by the EMT-P during the transfer.

CARE RENDERED (*Fieldnames*: CARE1/CARE2)
For service or treatment provided, mark as many boxes as apply in the BLS (left column) **(F, A, M, B, P, D, E, C, H, K, N, O, X, G, I, S, T, L, W, U)** or ALS (right column) **(B, D, E, T, F, G, 1, 2, 3, 4, O, P, N, C, Y, H, V, U)**. Mark each treatment or procedure only once, though it may have been done for this patient several times. Mark only those services provided by your unit. Document services provided by non-EMS individuals or other agencies in the "Narrative/Assessment" section of the 01A form. Other agencies must document services provided by their agency on their O1A form and F-1612 data form.

BLS SERVICES(*Fieldname*: CARE 1):(Care Rendered [Left Column])
(F)AED	when used on patient
(A)bag-valve mask	on resuscitation
(M)burn care	on burns
(B)axial spinal stabilization	on patient
(P)CPR/resuscitation	when preformed on patient
(D)decontamination	usually associated with exposure to hazardous materials
(E)extrication	from a vehicle or hazardous situation; if time > than 10 minutes, record the approx. time in the Narrative/Assessment section of the 01A form
(C)hard collar	to immobilize the neck
(H)hot/cold packs	on patient

(K)KED	on patient
(N)NP/OP airway	on attempts to establish a nasopharyngeal or oral pharyngeal airway
(O)OB assist	on assistance with obstetrical delivery
(X)oxygen	on administration to patient
(G)sand bags	used for patient
(I)snake bite kit	on patient
(S)splint, simple	on patient
(T)splint, traction	on patient
(L)suction	on patient
(W)wound dressing	on patient
(U)BLS Other	for a BLS procedure other than those listed

ALS SERVICES (*Fieldname*: CARE 2):(Care Rendered [Right Column])

(B)blood drawn	on patient
(D)dexstick	on patient
(E)EKG monitor	on patient (**also mark the "1 ST EKG" section**)
(T)EKG strip	on patient
(F)12 lead EKG	on patient
(G)McGill forceps	on an attempted or performed foreign body removal
(1)Meds given IV	route given to pt
(2)Meds given IO	route given to pt
(3)Meds given ET	route given to pt
(4)Meds given PO	route given to pt
(O)monitor chest tubes	on an attempted, inserted a chest tube, or monitored
(P)needle thoracostomy	on an attempted or performed needle thoracostomy
(N)NG insertion	on an attempted, inserted or monitored NG tube
(C)Percutaneous Needle Cric	if attempted, or inserted
(Y)Approved Device	Quick Trach Device
(H)TCP	if attempted or placed
(V)Valsalva maneuver	on patient
(U)ALS Other	for an ALS procedure other than those listed, for transfer patients mark this box if EMT-P is monitoring IV medication during the transfer.

SYS BP
Mark the box (**4-0**) next to the category in which the patient's initial systolic blood pressure reading falls. If no systolic BP is present, mark the space for "0." Blood pressures are usually obtainable on pediatric patients with a pediatric BP cuff. If you obtain no BP, leave this area blank. **LIST ONLY VITAL SIGNS TAKEN BY YOUR AGENCY.**

RESP RATE
Using the **first** observation of the patient's respiratory rate, mark the box (**4-0**) next to the category in which the patient's rate (in number of respiration's per minute) occurs. For example, if the patient's respiration rate is 20, mark the top space, numbered 4.

EFFORT
Referring to **initial** respiratory effort (chest wall movement), mark the box (**1 or 0**) next to the category that better describes the situation for this patient~normal, or shallow/refractive/none.

CAP REFILL
Mark the box (**2, 1, 0**) that best describes the patient's capillary refill upon **initial assessment**.

BEST MOTOR (*Fieldname*: MOTOR)
Mark the box (**6-1**) next to the patient's **initial** best motor response.

BEST VERBAL (*Fieldname*: **VERBAL**)
Mark the box **(5-1)** next to the category that describes this patient's **initial** best verbal response.

EYE OPEN
Note the patient's **initial** ability to open his/her eye(s). Mark the box **(4-1)** next to the category.

(R)cardiovert (D)defib (*Fieldname*: **D-FIB**)
Mark **(R)CARDIOVERT (D)DEFIB** if performed by the unit recording this run.

1ST EKG
Mark **one** box **(N, B, T, V, C, D, I, L, E, A, Y, O)** for the code of the **first rhythm detected** on EKG by unit recording this run, *as recorded on the 01A Narrative.*

(N)SR:	Normal sinus rhythm	
(B)SB:	Sinus bradycardia; heart rate <60 beats per minute	
(T)ST:	Sinus tachycardia; heart rate >100 per minute	
(V)Vfib:	Ventricular fibrillation	
(C)VT:	Ventricular tachycardia (V tach)	
(D)SVT:	Super ventricular tachycardia	
(I)Afib:	Atrial fibrillation	
(L)AFL:	Atrial flutter	
(E)AT:	Atrial tachycardia	
(A)AVB:	Atrioventricular block (AV block) or heart block	
(Y)ASY:	Asystole	
(O)Oth	Unidentifiable rhythm	

<div align="center">

ATTEMPTS PLACED
</div>

IV (*Fieldnames*: **IV ATTEMPT/IV2 ATTEMPT**)
Mark **(1, 2, or 3+)** for three or more attempts to place IV needle. If successful, mark **(Y)**. For bilateral (or 3 or more) IV's, the number of IV attempts means the maximum number of attempts made to insert any of the needles. If both were placed successfully on the first try, mark "1." If one IV took two tries before placement, mark "2," etc.

IO (*Fieldnames*: **IO ATTEMPT/IO2 ATTEMPT**)
Mark **(1, 2, or 3+)** for three or more attempts to place IO needle. If successful, mark **(Y)**. For bilateral (or 3 or more) IO's, the number of IO attempts means the maximum number of attempts made to insert any of the needles. If both were placed successfully on the first try, mark "1." If one IO took two tries before placement, mark "2," etc.

ET (*Fieldnames*: **ET1 ATTEMPT/ET1A ATTEMPT**)
Mark **(1, 2, or 3+)** for three or more attempts to place tube. If successful mark **(Y)**.

ET-NASAL (*Fieldname*: **ET2 ATTEMPT**)
Indicate placement of ET: **(N)nasal** or **(O)oral**.

PT CONDITION
Mark the patient's overall response to treatment. BLANK IS INVALID. This category refers to the patient's response to all treatment rather than to a specific drug or procedure. Mark **(C)changed** or **(N)no change** during transport.

IV/IO
Mark box for saline or **(S) OR (L)**

SPECIAL STUDY
Use this area whenever a special study is conducted. Mark all boxes **(M, S, or O)** that apply.
(M)Medications
(S)Skills
(O)other.

OUTCOME
Mark the box **(C, D, R, G, A, O)** next to the category that best describes this call. *BLANK IS INVALID.*

(C)canceled enroute:	Call canceled by agency dispatcher prior to arrival at a scene and if the run is canceled on scene before you make pt contact.
(D)dry run–no pt	No patient was found at the scene, the unit was unable to locate the scene or the patient, or the patient refuses to communicate so you cannot obtain any patient information.
(R)transport refused:	The patient accepted care by an EMS field provider but refused to be transported by any EMS provider, and for walk-in patients.
(G)transport-ground:	Patient received prehospital care, was transported by this or another ground ambulance, or if patient care was transferred to another unit.
(A)transport-air:	Patient received prehospital care, was transported by helicopter or fixed-wing aircraft, and for patient to loading zone and patient care to EMS air.
(O)obviously dead:	Patient showed obvious signs of death, per protocol.

WHY SELECTED
Mark the category **(T, P, D, C, E, R, O)** that most closely matches the reason for selection of the receiving hospital.
If the base hospital indicates a reason, mark the hospital's determination of "why selected."

(T)major trauma:	a trauma center is required.
(P)patient request:	patient or patient's physician requests transport to a specific facility
(D)diversion:	the original receiving hospital selected was on diversion
(C)closest:	the hospital is closest to the scene.
(E)peds trauma:	pediatric trauma center is required.
(R)reroute:	the receiving hospital destination changed while the unit was enroute (e.g., a change in patient condition required selection of a different facility). Does not include change in a destination based upon hospital status
(O)other:	a reason other than those listed was used in selecting the receiving hospital.

ICEMA# (*Fieldname*: ICEMA#2)
Mark six boxes **(0-9)** to indicate the ICEMA number printed on the upper left corner of the 01A Narrative form for this patient. An ICEMA number is required here, **except for dry runs or canceled calls.**

ATTENDANT #1 CERT NO (*Fieldnames*: CERT#1A/CERT#1B)
Mark the first box **(E, L, P, or M)** to indicate the level of accreditation/certification for primary patient caregiver reporting on this run. P for paramedic, E for emergency medical technician, or M for mobile intensive care nurse (on interfacility transfers). Mark the ICEMA accreditation/certification numbers **(0-9)** in the remaining boxes. If your ICEMA number is less than four digits, use zeroes before the number to fill the four boxes. **Provisional paramedics or MICNs who are third members of the ambulance crew sign the 01A narrative form, but enter no data on the F-1612 data form.**

ATTENDANT #2 CERT NO (*Fieldnames*: CERT#2A/CERT#2B)
Mark the first box **(E, L, P, or M)** to indicate the type of accreditation/certification for the secondary patient caregiver reporting on this run. Mark the ICEMA accreditation/certification number **(0-9)** in the remaining boxes.
If your number is less than five digits, use leading zeroes before the number as needed to fill the boxes.

THIS FORM BY PROVIDER/UNIT (*Fieldnames*: PROVIDER B/UNIT B)
Obtain your 3-digit provider code from the list on the back of the F-1612 data form. Mark the box with these three digits **(0-9)** below "Provider." For all agencies, mark three numbers that represent the unit number of the vehicles in which you are riding on this call. Use leading zeroes.

TRANSP CODE2 (THIS FORM BY)
Enter the type of unit for the agency reporting this run.

(MA)Medic Ambulance
(MS)Medic Squad
(ME)Medic Engine
(AM)Ambulance
(SQ)Squad
(E)Engine

REVERSE SIDE OF F-1612 DATA FORM

PUBLIC PROVIDERS
Fire department EMS providers, use provider code followed by the unit type (MA, ME, MS, AM, SQ, E) and three-digit unit number as assigned by Fire Chiefs. **Use code 888 for other Public Providers outside the ICEMA region.**

PRIVATE PROVIDERS
A three-digit code is assigned to each private ALS or BLS provider agencies within the region. Provider codes are used in the area for "Other Transport Provider" on the F-1612 data form (upper right corners) as well as for the "This Form By" provider code in the lower right corner. Codes are organized alphabetically by county. The provider code is followed by a three-digit unit number assigned by ICEMA, e.g., 001. **Use code 999 for other Private Providers outside the ICEMA region.**

HOSPITAL CODES
Two-digit code numbers have been assigned to each hospital within the ICEMA region. These codes are used in the "Base Hospital" and "Receiving Hospital" areas of the F-1612 data form. They are listed alphabetically by hospital name. **Use code 88 for all hospitals outside the ICEMA region.**

INCIDENT CITY CODES
These three-digit code numbers are to be used to complete the "City" area in the upper right portion of the F-1612 data form. To find a code, first locate the section of the form for the appropriate county within the region (Inyo, Mono, or San Bernardino). For San Bernardino County, check the subheadings for the appropriate geographical area (e.g., West Valley or High Desert). Cities and communities are listed alphabetically within the county or area. If the city or community where the incident occurred is not listed, use the code for the city or community nearest to the incident location; if none, use the code for "Inyo Co. Other," "Mono Co. Other," or "San Bernardino Co. Other," as appropriate.

EMT-I and EMT-P STANDARD PRACTICE

INSTRUCTIONS FOR SUBMITTING DATA VIA EMAIL

The data fields were taken from the State EMS regulations (Title 22) for an EMT-P patient care record and items recommended by the State EMS Data Study Task Force, which include items suitable for computerization. The data fields are required for evaluation of the EMS State grant contract and include key fields necessary to provide required reports, edit, and cross-referencing with dispatch and E.D. logs. The data should be submitted within thirty days following the Run Date and must include all the provider agency runs where they made patient contact, canceled calls and dry runs. **The provider agency should edit all their own records for any missing data and invalid codes before submitting it to ICEMA** at Memanuel@dph.sbcounty.gov. The data file format is a comma delimited ASCII File with a .txt file extension. Dates are in the Year-Month-Day format; e.g., 20040601 is June 01, 2004. The data fields MUST be in the **EXACT** order as listed below and in the correct starting position in the data set.

FIELD NAME	STARTING POSITION IN DATA FILE	DEFINITION	LENGTH	VALID CHARACTERS
GENDER (SEX)	1	Patient gender	1	M,F,U
INS0	2	End of field	1	Comma
AGE	3	Patient age, in whole years *Blank if unknown*	2	Numerics: 0-9
INS1	5	End of field	1	Comma
ZIP (Zip Code)	6	First 5 digits of patients mailing address zip code	5	Numerics: 0-9
INS2	11	End of field	1	Comma
PTS (#Pts)	12	Number of patients at this incident scene *Or blank*	1	Numerics: 0-9
INS3	13	End of field	1	Comma
INCIDENT#	14	Provider agency incident/dispatch #	8	Numerics: 0-9
INS4	22	First 2 Numbers of the Year 2000	3	,20
RUN-YEAR1	25	Third Number of Year in 2000	1	9,0,1
RUN-YEAR2	26	Fourth Number of Year in 2000	1	Numerics: 0-9
RUN-MONTH	27	Month	2	Numerics: 0-9
RUN-DAY	29	Day	2	Numerics: 0-9
INS5	31	End of field	1	Comma
CITY	32	Incident location *e.g., use 888 For County Jail*	3	Numerics: 0-9
INS6	35	End of field	1	Comma
RUN TO CODE (Run Code-To)	36	Code TO scene	1	1, 2, 3
INS7	37	End of field	1	Comma
RUN FR CODE (Run Code-From)	38	Code FROM scene	1	1,2,3
INS8	39	End of field	1	Comma
PROVIDER A (Other Transport-Provider)	40	Provider code of another provider on scene. *See back of Scantron form for valid codes. Enter this information only if a second unit is on scene and makes patient contact*	3	Numerics: 0-9
INS9	43	End of field	1	Comma
UNIT A (Other Transport-Unit)	44	Unit number of another provider on scene. *See back of Scantron form for valid codes. Enter this information only if a second unit is on scene and makes patient contact*	3	Numerics: 0-9
INS10	47	End of field	1	Comma
ICEMA#1 (Other ICEMA #)	48	Enter another agency's 01A form number whenever another ALS provider is on scene and	6	Numerics: 0-9

EMT-I and EMT-P STANDARD PRACTICE

FIELD NAME	STARTING POSITION IN DATA FILE	DEFINITION	LENGTH	VALID CHARACTERS
		makes contact with the same patient. *This field cross-references multiple forms completed on the same patient/same incident*		
INS11	54	End of field	1	Comma
PRIOR CARE	55	Enter the Identifying care giver, if any, prior to arrival of unit	1	N,M,B,C,O,L,A
INS12	56	End of field	1	Comma
INJURY MECH (Mech of Injury-Trauma Only)	57	Enter the one category that best describes the mechanism of injury precipitating this call	1	M,C,G,S,A,D,F,B,L,T,P,O,U
INS13	58	End of field	1	Comma
SEATBELT (Auto/Truck MVA)	59	Enter if patient was wearing a seatbelt or other safety restraint. **MUST be entered for all MVA's.**	1	Y,N,U
INS14	60	End of field	1	Comma
HELMET (Motorcycle)	61	Enter if patient was wearing a protective helmet. **MUST be entered for all MVA's involving motorcycles or bicycles.**	1	Y,N,U
INS15	62	End of field	1	Comma
CATEGORY	63	Enter the ONE category that best fits this patient	1	T,C,R,A,B,5,U,D,E,O,P,S,M,N
INS16	64	End of field	1	Comma
BASE HOSP	65	Enter the Base Hospital Code only if BH was contacted	2	Numerics: 0-9
INS17	67	End of field	1	Comma
NO CONTACT	68	Enter if no BH contact attempted/needed, RCF or contact was with receiving hospital only	1	Y
INS18	69	End of field	1	Comma
RECV HOSP	70	Enter the valid code of RH, leave blank if patient refuses transport or if another provider is transporting the patient	2	Numerics: 0-9
INS19	72	End of field	1	Comma
CALL RCD	73	Enter the time call received by provider agency dispatch, in military time *4:16 p.m. = 1616*	4	Numerics: 0-9
INS20	77	End of field	1	Comma
EN ROUTE	78	Enter the time unit *leaves* to scene	4	Numerics: 0-9
INS21	82	End of field	1	Comma
TIME ARRIVE (Times-Arrive)	83	Enter the time unit *arrives* at scene and wheels stop	4	Numerics: 0-9
INS22	87	End of field	1	Comma
TIME DEPART (Times-Depart)	88	Enter the time unit *departed* scene to hospital	4	Numerics: 0-9
INS23	92	End of field	1	Comma
ARV DESTIN (Arv Dest)	93	Enter the time unit *arrives* at hospital	4	Numerics: 0-9
INS24	97	End of field	1	Comma
REFUSE CARE	98	Enter when patient declines ALL prehospital treatment, if the patient refuses one or more specific types of care, document on the O1A form	1	Y
INS25	99	End of field	1	Comma
MEDICATION	100	Enter only medications given by the unit recording this run	24	A,H,B,J,P,K,D,1,2,E,Q,F,G,L,R,S, M,N,3,W,C,4,V,U
INS26	124	End of field	1	Comma

EMT-I and EMT-P STANDARD PRACTICE

FIELD NAME	STARTING POSITION IN DATA FILE	DEFINITION	LENGTH	VALID CHARACTERS
CARE 1 (Care Rendered [Left Column])	125	Enter only BLS services given by the unit recording this run	20	F,A,M,B,P,D,E,C,H,K,N,O,X,G,I, S,T,L,W,U
INS27	145	End of field	1	Comma
IV/IO (IV-Saline) (added to field name)	146	Enter type of IV solution given by the unit recording this run	1	S,L
INS28	147	End of field	1	Comma
CARE 2 (Care Rendered [Right Column])	148	Enter only ALS services given by the unit recording this run	18	B,D,E,T,F,G,1,2,3,4,O,P,N,C,Y,H, V,U
INS29	166	End of field	1	Comma
SYS BP	167	Enter the category in which the patient's initial systolic blood pressure reading falls, if not present, enter 0, leave blank if no BP is obtained. Enter ONLY vital signs taken by the unit recording this run	1	Numerics: 4-0
INS30	168	End of field	1	Comma
RESP RATE	169	Enter first observation of patient's rate	1	Numerics: 4-0
INS31	170	End of field	1	Comma
EFFORT	171	Enter initial respiratory effort of patient	1	1,0
INS32	172	End of field	1	Comma
CAP REFILL	173	Enter initial cap refill of patient	1	2,1,0
INS33	174	End of field	1	Comma
MOTOR (Best Motor)	175	Enter initial motor response of patient	1	Numerics: 6-1
INS34	176	End of field	1	Comma
VERBAL (Best Verbal)	177	Enter initial verbal response of patient	1	Numerics: 5-1
INS35	178	End of field	1	Comma
EYE OPEN	179	Enter initial eye opening response of patient	1	Numerics: 4-1
INS36	180	End of field	1	Comma
D-FIB (Cardiovert/dfib)	181	Enter if performed by the unit recording this run	1	R,D
INS37	182	End of field	1	Comma
1ST EKG	183	Enter code for first rhythm detected on EKG by unit recording this run	1	N,B,T,V,C,D,I,L,E,A,Y,O
INS38	184	End of field	1	Comma
IV ATTEMPT (Attempts Placed-IV)	185	Enter the number of IV attempts	1	1,2,3
INS39	186	End of field	1	Comma
IV2 ATTEMPT (Attempts Placed-IV-Y)	187	Enter ONLY if IV placed successfully	1	Y
INS40	188	End of field	1	Comma
ET1 ATTEMPT (Attempts Placed-ET)	189	Enter the number of ET attempts	1	1,2,3
INS41	190	End of field	1	Comma
ET1A ATTEMPT (Attempts Placed-Y)	191	Enter ONLY if ET placed successfully	1	Y
INS42	192	End of field	1	Comma
ET2 ATTEMPT (Attempts Placed-ET-Nasal)	193	Enter placement of ET	1	N,O
INS43	194	End of field	1	Comma

EMT-I and EMT-P STANDARD PRACTICE

FIELD NAME	STARTING POSITION IN DATA FILE	DEFINITION	LENGTH	VALID CHARACTERS
PT CONDITION	195	Enter patient's overall response to treatment. **BLANK IS INVALID**	1	C,N
INS44	196	End of field	1	Comma
OUTCOME	197	Enter category that best describes call. **BLANK IS INVALID**	1	C,D,R,G,A,O
INS45	198	End of field	1	Comma
WHY SELECTED	199	Enter category that matches reason for selecting RH	1	T,P,D,C,E,R,O
INS46	200	End of field	1	Comma
ICEMA#2 (ICEMA#)	201	Enter ICEMA 01A report form number by unit recording this run	6	Numerics: 0-9
INS47	207	End of field	1	Comma
CERT#1A (Attendant #1 Cert No.-Alphas)	208	Enter type of accreditation/certification for primary patient caregiver reporting on this run.	1	E,L,P,M
CERT#1B (Attendant #1 Cert No.-Numerics)	209	Enter ICEMA four-digit accreditation/certification number for primary patient caregiver reporting on this run.	4	Numerics: 0-9
INS48	213	End of field	1	Comma
CERT#2A (Attendant #2 Cert No.-Alpha)	214	Enter type of accreditation/certification for secondary patient caregiver reporting on this run.	1	E,L,P,M
CERT#2B (Attendant #2 Cert No.-Numerics)	215	Enter ICEMA four or five-digit accreditation/certification number for secondary patient caregiver reporting on this run.	5	Numerics: 0-9
INS49	220	End of field	1	Comma
PROVIDER B (This Form by-Provider)	221	Enter the valid provider code for the agency reporting this run	3	Numerics: 0-9
INS50	224	End of field	1	Comma
UNIT B (This Form by-Unit)	225	Enter the valid unit code for the agency reporting this run	3	Numerics: 0-9
INS51	228	End of field	1	Comma
SCANTRON#/LITHOCODE	229	Binary Summation Leave 6 spaces blank	6	Leave no marks in this field
INS52	235	End of field	1	Comma
TRANSP CODE1 (OTHER TRANSPORT-Top right of Scantron form)	236	Enter the type of unit for another provider on scene. *Enter this information only if a second unit is on scene and makes patient contact*	2	MA,MS,ME,AM,SQ,E
INS53	238	End of field	1	Comma
TRANSP CODE2	239	Enter the type of unit for the agency reporting this run	2	MA,MS,ME,AM,SQ,E
INS54	241	End of field	1	Comma
SP STUDY (Special Study)	242	Enter category ONLY if reporting data for a special study	3	M,S,O
INS55	245	End of field	1	Comma
RELEASE SIGNED	246	Enter if AMA was signed on 01A Form	1	Y
INS56	247	End of field	1	Comma
IO ATTEMPT (Attempts Placed-IO)	248	Enter the number of IO attempts	1	1,2,3
INS57	249	End of field	1	Comma
IO2 ATTEMPT (Attempts Placed-IO-Y)	250	Enter ONLY if IV placed successfully	1	Y

Run Report Form OTRN2-08
PROVIDER
078
Reference: 14015
Page 1 of 6

ICEMA# 514802

NAME _____

ADDRESS _____

City _____ State _____ Zip _____

Phone _____ Social Security No. _____

Age _____ DOB ___/___/___ ☐ M Approx. Weight _____ kg ☐ F Approx. Height _____ **Pt.** _____ **of** _____

CHIEF COMPLAINT _____

HELMET   Y / N
SEAT BELT Y / N
LOC   Y / N
AIR BAG   Y / N

MECH. OF INJ. _____

MED. HISTORY: ☐ Asthma ☐ Cancer ☐ CVA ☐ Cardiac ☐ CHF ☐ COPD ☐ Diabetes ☐ HTN ☐ Psych ☐ Seiz

MEDICATION: _____

ALLERGIES: ☐ NKA _____

| Prim. Inc. # _____ Other Provider _____ |
| Date _____ Unit _____ |
| Location of Call_____ (Do not write "Same") |
| City _____ Zone _____ |

| CARE PRIOR TO ARRIVAL | ☐ None ☐ CPR ☐ ALS ☐ Other BLS | ☐ CITZ ☐ Medical ☐ FD/BLS ☐ None ☐ Law Enforce ☐ FD/ALS ☐ ALS Ambulance |

	TIME	CODE	ODOMETER	
RECEIVED		1 2 3		
ENROUTE				
ARRIVE				
PT. CONTACT				
DEPART		1 2 3		
ARRIV. DEST.				
AVAILABLE				

FAC. CONTACTED _____ CONTACT TIME _____
☐ BH ☐ VHF ☐ UHF ☐ Phone ☐ Cell ☐ 800 MHZ ☐ None

RECEIVING HOSP. _____
☐ Pt Request   ☐ Diversion   ☐ Trauma   ☐ RCF
☐ Peds Trauma   ☐ Reroute   ☐ Closest   ☐ Other

TIME	BLOOD PRESSURE	PULSE Rate	PULSE Description	RESPIRATION Rate	RESPIRATION Lung Sounds	PULSE OX

		SECONDARY SURVEY		NARCOTIC GIVEN
	WNL N/A ABN	COMMENTS		

Midazolam _____ mg
Morphine _____ mg

NARCOTIC WASTED

	WNL N/A ABN	COMMENTS
NEURO	☐ ☐ ☐	
HEAD	☐ ☐ ☐	
NECK	☐ ☐ ☐	NO JVD
CHEST	☐ ☐ ☐	NEG BARREL HOOP
ABD	☐ ☐ ☐	SOFT/SUPPLE
BACK-SPINE	☐ ☐ ☐	FULL SPINAL IMMOBILZATION
PELVIS	☐ ☐ ☐	NEG NO INSTABILITY NOTED
EXTREM	☐ ☐ ☐	NO DISTAL EDEMA FULL R.O.M.

Midazolam _____ mg
Morphine _____ mg
Date _____ Time _____
Location _____
Nurse _____
Medic _____

SKIN COLOR
☐A ☐B Normal
☐A ☐B Pale/Ashen
☐A ☐B Cyanotic
☐A ☐B Flushed

MOISTURE
☐A ☐B Normal
☐A ☐B Dry
☐A ☐B Moist
☐A ☐B Profuse

SKIN TEMP.
☐A ☐B Hot
☐A ☐B Warm
☐A ☐B Cool
☐A ☐B Cold

Rt. PUPILS Lt.
☐A ☐B Normal ☐A ☐B
☐A ☐B Constricted ☐A ☐B
☐A ☐B Dilated ☐A ☐B
Time A _____ Time B _____

Rt. PUPILS Lt.
☐A ☐B Non-reactive ☐A ☐B
☐A ☐B Sluggish ☐A ☐B

PT PHYSICIAN _____ Temp_____ Rte._____
Blood Glucose ā D50 _____ p̄ D50 _____ mg/dL

RESPIRATORY EFF.
☐A ☐B Normal
☐A ☐B Shallow/Retract/None

CAPILLARY REFILL
☐A ☐B Immediate
☐A ☐B Delayed
☐A ☐B None

EYE OPENING
4 4 Spontaneous
3 3 To voice
2 2 To pain
1 1 None

VERBAL RESPONSE
5 5 Oriented
4 4 Confused
3 3 Inappropriate
2 2 Incomprehensible
1 1 None

MOTOR RESPONSE
6 6 Obedient
5 5 Purposeful
4 4 Withdrawal
3 3 Flexion
2 2 Extension
1 1 None

End-Tidal Co2 Detected
After ET Placement (Use Narrative) ☐ Yes ☐ No

Before and After Transfer To Amb. Gurney (Use Narrative) ☐ Yes ☐ No

PULSE:
	FEMORAL	RADIAL	CAROTID
PRESENT	☐A ☐B	☐A ☐B	☐A ☐B
ABSENT	☐A ☐B	☐A ☐B	☐A ☐B

GCS _____

TIME	RHYTHM	DEFIB	RHYTHM	TIME ADM.	CARE RENDERED	RT/SIZE	DOSE	RESPONSE TX

P	Q	R	S	T

NARRATIVE/ASSESSMENT: _____

| Name (Print) _____ | ☐ Patient attendent ☐ Radio attendent ☐ Completed form ☐ Other | Name (Print) _____ | ☐ Patient attendent ☐ Radio attendent ☐ Completed form ☐ Other | Name (Print) _____ | ☐ Patient attendent ☐ Radio attendent ☐ Completed form ☐ Other | ☐ CHECK BOX IF FORM NOT COMPLETED ON SCENE |
| Cert/Acc # _____ | | Cert/Acc # _____ | | Cert/Acc # _____ | | PT RECEIVED BY |

Distribution: White – Provider • Green – Medical • Yellow – ICEMA • Pink – QI

OTRN2-1108 (Rev. 12/04)

Appendix I

EMT-P Inter-facility Transport Guidelines

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
EMT-I and EMT-P STANDARD PRACTICE

REFERENCE: 13001
EFFECTIVE: 05/01/06
REVIEW: 05/01/09
Page 1 of 2

INTER-FACILITY TRANSPORT

PURPOSE
To identify patient care responsibilities for EMT-I and EMT-Ps during inter-facility transports

AUTHORITY
Title 22, Division 2.5, Sections 1797.214, 1798.170, and 1798.172 of the California Health and Safety Code

BLS POLICY
During an inter-facility an EMT-I or supervised EMT-I student may monitor the following during an inter-facility transport if the patient is non-critical and deemed stable by the transferring physician and the physician has approved transport via BLS ambulance:

1. Monitor a saline lock or peripheral lines delivering fluids in any combination/concentration of Normal Saline, Lactated Ringers, Isolyte or Isolyte M or Dextrose and Water provided the following conditions are met.
    a. No medications have been added to the IV fluid.
    b. Maintain the IV at a pre-set rate.
    c. Check tubing for kinks and reposition arm if necessary.
    d. Turn off IV fluid if signs/symptoms of infiltration occur.
    e. Control any bleeding at insertion site.
2. Transport a patient with a Foley catheter provided:
    a. The catheter is able to drain freely.
    b. No action is taken to impede flow or contents of drainage collection bag.
3. Transport a patient with a nasogastric or gastrostomy tube provided:
    a. The tube is clamped
    b. All patients who have received fluids prior to transport are transferred in a semifowler position to prevent aspiration, unless contraindicated.
4. If the patient's condition deteriorates, the patient should be transported to the closest receiving hospital.

ALS POLICY
During an inter-facility transport, an ICEMA Accredited EMT-P or supervised EMT-P intern may:

1. Monitor peripheral lines delivering fluids in any combination/concentration of normal saline, lactated ringers, isolyte or isolyte M or dextrose and water provided the following conditions are met:
    a. A written order by the transferring physician is provided to the transporting ALS ambulance.
    b. No medications will be added to the intravenous fluids by the EMT-P during transport except under direction of the Base Hospital or under radio communication failure.
2. Transport intravenous solutions with added medication (s) as follows:
    a. Lidocaine
    b. Dopamine
    c. Procainamide
    d. Magnesium Sulfate
    e. Pitocin (if trained)
3. Monitor and administer medications through a pre-existing vascular access
4. Monitor heparin lock or saline lock

5. Monitor IV solutions containing potassium ≤40mEq/L
6. Monitor thoracostomy tubes to water sealed drainage, or clamped thoracostomy tubes
7. Monitor nasogastric tubes
8. Contact assigned Base Hospital per Protocol Reference #14009 Radio Communication if patient condition deteriorates in route.

APPROVED:

	_____
	ICEMA Medical Director Date

_____	_____
San Bernardino Co. Health Officer Date	Inyo Co. Health Officer Date

_____	_____
Mono Co. Health Officer Date	ICEMA Executive Director Date

Appendix J

Inter-facility Transport Nurse Staffed Units

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
INTERFACILITY TRANSPORT UNITS

REFERENCE: 13009
EFFECTIVE: 05/01/06
REVIEW: 05/01/09
Page 1 of 3

INTERFACILITY TRANSPORT
NURSE STAFFED UNITS

PURPOSE
To state the requirements for nurse-staffed ALS Interfacility transport units meeting all local, county, ICEMA and state requirements.

AUTHORITY
Title 22, Division 2.5, Sections 1797.52, 1797.178, 1798.170, and 1798.172 of the California Health and Safety Code.

PROGRAM APPROVAL
1. Requests for approval must be made in writing sixty (60) days prior to the anticipated starting date of service to the Executive Director of ICEMA and include:
   a. Proposed identification and location of the nurse-staffed unit
   b. All procedures and protocols
   c. Documentation of qualifications for the Medical Director
   d. Documentation of qualifications for the Nursing Coordinator
   e. Quality assurance plan
   f. Agreement to comply with all ICEMA policies and procedures
2. ICEMA will notify the applicant in writing within ten (10) working days following receipt of request for approval if any further documentation is needed
3. The applicant shall be notified in writing within thirty (30) days of receipt of complete package of the approval or denial of the program

REQUIREMENTS FOR REGISTERED NURSE PERSONNEL
1. RN currently licensed to practice in the State of California
2. At the provider's option, an RN may be employed by the ambulance provider or be a contract employee
3. Current BLS, ACLS and PALS certification from the American Heart Association or equivalent
4. A minimum of two (2) years experience in an ICU or ED in the previous three (3) years, prior to employment with the ambulance provider
5. Successful completion of an in-house orientation program related to ICEMA protocols and procedures and Endotracheal Intubation training
6. Certification in any of the following is desirable but not required: Certified Emergency Nurse (CEN); Critical Care Registered Nurse (CCRN); Mobile Intensive Care Nurse (MICN)
7. Continuing education requirement documentation:
   a. Minimum of ninety-six (96) hours of ICU or ED experience per year
   b. Minimum of two (2) successful Endotracheal Intubations every two (2) years
   c. Maintain current California State RN license, BLS, ACLS and PALS certification

EQUIPMENT

In addition to the items required by California Administrative Code, Title XIII, the ambulance provider shall provide, at a minimum, the following equipment:

1. ALS Equipment per Protocol Reference #2001 ALS Standard Drug & Equipment List
2. Cardiac monitor **with external pacemaker**
3. Infusion pump(s)
4. Back-up power source

MEDICAL DIRECTOR

1. Medical Director: A full or part-time Physician licensed in the State of California and qualified by training and experience with recent, within the last five (5) years, practice in emergency or acute critical care medicine. The ICEMA Medical Director must approve the candidate for medical director. The duties of the medical director shall include but not be limited to:
   a. Sign and approve, in advance, all medical protocols to be followed by the RN at the ALS level
   b. Ensure the ongoing training of all medical personnel involved
   c. Ensure the quality of patient transfers being conducted by the provider, including familiarity with SB612 and COBRA laws
   d. Ensure that quality assurance outcome audits are being conducted
2. Nursing Coordinator: A full or part-time RN employed as Nursing Coordinator qualified by training and/or experience with recent practice in emergency or acute critical care nursing. The duties of the Nursing Coordinator shall include but not be limited to:
   a. Sign and approve, in advance, all nursing procedures to be followed by the RN at the ALS level
   b. Provide ongoing training of all medical personnel involved
   c. Ensure quality of patient transfers being conducted by the provider by conducting patient care audits

PROCEDURES/PROTOCOLS

1. Each company providing nurse-staffed ALS units shall develop and maintain procedures for the hiring and training of nursing personnel and vehicle staffing
2. Each provider must develop a manual to include the following:
   a. Malpractice insurance coverage
   b. Identity and accessibility of the Physician Director and Nursing Coordinator
   c. Vehicle inventory lists
   d. Copies of all related inter-facility transfer paperwork
   e. Statement of responsibility of the sending physician for the patient during transfer and in accordance with COBRA and SB612 laws
   f. Guidelines for change in patient destination due to patient condition
   g. Protocols (Standing Orders) based on ACLS, PALS, and/or NALS guidelines
3. Procedures and protocols shall be subject to review by ICEMA

QUALITY ASSURANCE

1. Submit to ICEMA a quality improvement plan and submit quarterly reports to ICEMA
2. All transports resulting in poor patient outcome shall be reviewed in a timely manner following the occurrence
3. Periodic staff conferences on audit and outcomes are required in order to improve or revise protocols.
4. Records of all these activities shall be kept by the provider and be made available for inspection and audit by ICEMA
5. ICEMA shall perform periodic on-site audits of records to ensure compliance with this policy

6. Non-compliance with this policy may cause ICEMA to suspend or revoke approval of a nurse-staffed ALS inter-facility transport unit

APPROVED:

	_____
	ICEMA Medical Director Date

_____   _____
San Bernardino Co. Health Officer   Date   Inyo Co. Health Officer   Date

_____   _____
Mono Co. Health Officer   Date   ICEMA Executive Director   Date

Appendix K

Inter-facility Transfer Policies

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
INTERFACILITY TRANSFER POLICY

Effective February 01, 1990

POLICY

Patient transfers between acute care hospitals will be completed based upon the medical needs of the patient and through the cooperation of both the sending and receiving hospitals in accordance with approved procedures.

PROCEDURES

1. **Application of Policy and Procedure**

   This policy shall be utilized for all patient transfers between acute care hospitals. These procedures are suggested for patient transfers from sub-acute and chronic care facilities to acute care hospitals, but are not necessary for transfers to a sub-acute and chronic care facility. This procedure is not a substitute for required transfer agreements. Each hospital shall have its own internal written transfer policy, clearly establishing administrative and professional responsibilities. Transfer agreements must also be negotiated and signed with hospitals that have specialized services not available at the transferring facility. [H & S Code 1317.3 (a) and 1317.2a (b)]

2. **Responsibilities**

   Hospitals licensed to provide emergency services must fulfill their obligation under California Health and Safety Code to provide emergency treatment to all patients regardless of their ability to pay. Transfers made for reasons other than immediate medical necessity must be evaluated to assure that the patient can be safely transferred without hazard to the patient's health and without decreasing the patient's chances for or delaying a full recovery. In these cases, the involved physicians and hospitals should generally take a conservative view, deciding in favor of patient safety. [H & S Code 1317 and 1317.2 (b)]

   If a hospital does not maintain an emergency department, its employees shall nevertheless exercise reasonable care to determine whether an emergency exists and shall direct the persons seeking emergency medical care to a nearby facility which can render the needed services, and shall assist in obtaining the services, including transportation services, in every way reasonable under the circumstances. [H & S Code 1317 (c)]

   Notwithstanding the fact that the receiving facility or physicians at the receiving facility have consented to the patient transfer, the transferring physician and facility have responsibility for

Reformatted 8/03ds

the patient that he or she transfers until that patient arrives at the receiving hospital. The transferring physician determines what professional medical assistance should be provided for the patient during the transfer (if necessary, with the consultation of the appropriate EMS Base Hospital Physician). [H & S Code 1317.2 (d)]

The transferring physician has a responsibility to candidly and completely inform the receiving physician of the patient's condition so that the receiving physician can make suitable arrangements to receive the patient. [H & S Code 1317.2 (e)]

It is the responsibility of the receiving facility, when accepting the patient, to provide personnel and equipment reasonably required in the exercise of good medical practice for the care of the transferred patient, in order to assure continuity of care. [H & S Code 1317.2a (e)]

3. **Standards for Transfers**

a.   Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety.

b.   If the patient presents to an emergency department, the patient must be examined and evaluated to determine if the patient has an emergency medical condition or is in active labor. If an emergency exists, the emergency department must perform emergency care and emergency services where appropriate facilities and qualified personnel are available.

     1)   "Emergency services and care" means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of the physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. [H & S Code 1317.1 (a)]

         Where necessary, the examination shall include consultation with specialty physicians qualified to give an opinion or to render treatment necessary to stabilize the patient. [H & S Code 1317.1 (i) and 1317.2 (a)]

     2)   The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

         a)   Placing the patient's health in serious jeopardy.

         b)   Serious impairment to bodily function, or

         c)   Serious dysfunction of any bodily organ or part.

Reformatted 8/03ds

3) The term "active labor" means labor at a time at which:

    a) Delivery is imminent

    b) There is inadequate time to effect safe transfer to another hospital prior to delivery, or

    c) A transfer may pose a threat to the health and safety of the patient or the unborn child. [H & S Code 1317.1 (c)]

c. Immediate transfer of Major Trauma Patients - Patients who meet the ICEMA trauma triage criteria may be immediately transferred to a Trauma Center (Loma Linda University Medical Center, Level I; Arrowhead Regional Medical Center, Level II).

    1) Immediate transfer is at the discretion of the examining physician. It may be based on patient condition, availability of surgeon and operating room, but **NOT** financial factors.

    2) Those patients immediately transferred will be audited for both medical care and compliance with this procedure.

    3) As in all transfers, prior acceptance of the transfer is required. Cases that are refused will be audited.

d. The transferring physician must determine whether the patient is medically fit to transfer and, when indicated, will take steps to stabilize the patient's condition.

e. No transfer shall be made without the consent of the receiving physician **and** hospital. The receiving hospital may designate physicians who may provide consent for both the physician **and** the hospital. It is the responsibility of the receiving physician to inform the transferring physician of the need for additional administrative consent.

f. The patient or the patient's legal representative must be advised, if possible, of the need for the transfer. Adequate information shall be provided regarding the proposed transportation plans. This process should be documented according to State and Federal requirements. [H & S Code 1317.2 (i) and 1317.3 (d)]

g. Hospitals making transfers of Medi-Cal patients should refer to the California Medi-Cal Stable for Transport Guidelines, which contain the guidelines for transfer outlined by the State of California. Any inconsistent requirements imposed by the Medi- Cal program shall preempt SB 12 with respect to Medi-Cal beneficiaries. [H& S Code 1317.7]

h. Once the decision to transfer the patient has been reached, every effort should be made to affect the transfer as rapidly and safely as possible. The transferring physician must take into account the needs of the patient during transport and the ability of the transport personnel to care for the patient.

Reformatted 8/03ds

Transport personnel are not authorized to, and will not provide services beyond their scope of practice.

"Appendix A" details the scope of practice for ICEMA EMT-IA's, EMT-II's and EMT-Paramedics. If the patient's needs are within the scope of practice of an EMT-IA, no interaction with a base hospital is necessary. EMT-II and EMT-Paramedic personnel may only function under the direction of a Base Hospital Physician. If the patient requires EMT-II or EMT-Paramedic level care, the transferring physician may be contacted by the base hospital so that the patient's care can be coordinated during transport.

If the patient's care needs exceed the scope of practice of the available EMS personnel, the transferring physician will arrange for the patient to be accompanied by a physician or registered nurse along with any other personnel, equipment or supplies necessary for patient care. In these cases, while assisting the M.D. or R.N. with patient care, EMS personnel must function as EMT-IA's unless authorized by the base hospital to function as an ALS provider.

i.   Additional Requirements for Transfer for Non-Medical Reasons
When patients are transferred for non-medical reasons, the transferring hospital must follow all of the above requirements. In particular, the transferring physician must ensure that emergency care and emergency services have been provided, and shall determine the transfer would not create a medical hazard to the patient and would not decrease the patient's chances for or delay the patient's full recovery. [H & S Code 1317.2]

4.   **Transfer Procedures**
The following are the basic transfer procedures for all patient transfers:
a.   Transferring Facility
1)   The transferring hospital will first provide all diagnostic tests, procedures, and treatment (including, if necessary, consultation) deemed appropriate by the transferring physician.

2)   After determining the need for transfer, the transferring physician will notify the patient or his/her representative, explaining the reason for transfer. This process should be documented according to State and Federal requirements. [H & S Code 1317.3 (d)]

3)   The transferring physician will contact and consult the receiving physician. The receiving physician will be advised of all information regarding the patient's condition, test results, procedures, and current treatment. The patient may be transferred only with the approval of the receiving facility and

Reformatted 8/03ds

physician. The receiving hospital may designate physicians who may provide consent for both the physician **and** the hospital. It is the responsibility of the receiving physician to inform the transferring physician of the need for additional administrative consent.

If EMT-II or EMT-P personnel are requested for the transfer, the transferring physician should contact the base hospital to inform them of patient experience. The transferring physician may be consulted by base hospital personnel to facilitate care by EMS personnel.

4. To request an ambulance:

   a)   Call the appropriate ambulance service directly.

   b)   Identify sending and receiving facilities

   c)   Identify sending and receiving physicians.

   d)   Provide patient's name, location, and condition.

   e)   Detail the level of care needed (EMT-I, EMT-II or EMT-P or advise if a R.N. or physician will accompany the patient.

5. The transferring physician and nurse will complete documentation of the medical record. All test results, x-rays, and other patient data, including the patient transfer form (Appendix B) will be copied and sent with the patient at the time of the transfer. If data are not available at the time of transfer, such data will be telephoned to the receiving hospital and sent as soon thereafter as possible.

b.   Receiving Facility

The receiving hospital shall instruct its personnel (including physicians, who are authorized to accept patient transfers) on the appropriate procedures for completing transfers.

5.   **Audit of Transfer Procedures**

Violations of transfer procedures can result from either clinical or procedural errors on the part of individual hospitals and physicians, and/ or other parties involved in the transfer process Examples might include:

a.   Inadequate stabilization of the patient.

b.   Patient seen without adequate level of personnel or equipment.

c.   Patient subject to excessive delay in transfer.

d.   Patient seen without medical records and results of diagnostic tests.

e.   Serious deterioration of the patient's condition enroute.

f.   Inappropriate or denial of transfer of patient to another facility.

6.   **Procedure for Complaint Review**

The receiving hospital, and all physicians, other licensed emergency room health personnel, and certified prehospital emergency personnel at the receiving hospital who know of apparent

violations of transfer procedures shall and the corresponding personnel at the transferring hospital and the transferring hospital may, report the apparent violation to the State Department of Health Services on a form prescribed by the Department of Health Services within one week following its occurrence. [H & S Code 1317.4 (c)]

State Department of Health Services Licensing and Certification.

Division Circle

464 West 4th Street, Suite 529 5th Floor

San Bernardino, CA 92401

(909) 383-4777

The Department of Health Services shall promptly send a copy of the form to the hospital administrator and appropriate medical staff committee of the transferring hospital and the Emergency Medical Services Divisions, unless the Department of Health Services concludes that the complaint does not allege facts which require further investigation, or is otherwise unmeritorious, or the Department of Health Services concludes, based upon the circumstances of the case, that its investigation of the allegations would be impeded by disclosure of the form.
[H & S code 1317.4]

When two or more persons required to report jointly have knowledge of an apparent violation, a single report may be made by a member of the team selected by mutual agreement in accordance with hospital protocols. Any individual required to report by the Health and Safety Code who disagrees with the proposed joint report has a right and duty to separately report. [H & S Code 1317.4 (c)]

APPROVED: Signatures on file

> **ICEMA Medical Director**
> **Inyo County Health Officer**
> **Mono County Health Officer**
> **San Bernardino County Health Officer**

INTER-HOSPITAL TRANSFER
OF TRAUMA PATIENTS

Effective September 1, 1993

The following guidelines (American College of Surgeon's criteria) may be utilized to identify patients who are at a particularly high risk of dying from multiple and severe injuries. Ideally, such patients should be treated in a trauma center when continued exposure to such problems by multi-disciplinary team systems may afford a patient an optimum outcome. Such patients should be transferred to trauma centers from non- trauma facilities. The transfer should take place only after the sending physician in the non-trauma facility has conferred with the receiving physician at the trauma center.

TRAUMA SYSTEM ENTRY CRITERIA

1. **CENTRAL NERVOUS SYSTEM**
    a. Head Injury:
        1. Penetrating injury
        2. Depressed skull fracture
        3. Open injury
        4. CSF leak
        5. GCS less than or equal to 13
        6. Deterioration in GCS of 2 or more score points
        7. Lateral zing signs
    b. Spinal Cord Injury

2. **CHEST**
    a. Wide superior mediastinum
    b. Major chest wall injury
    c. Cardiac injury
    d. Patients who may require protracted ventilation

3. **PELVIS**

    Pelvic ring disruption with shock, more than 5 units transfusion, evidence of continued hemorrhage, and compound (open) pelvic injury or pelvic visceral injury.

4. **MULTIPLE SYSTEM INJURY**
    a. Severe face injury with head injury
    b. Chest injury with head injury
    c. Abdominal or pelvic injury with head injury
    d. Second degree (or greater) burns with head injury (consider burn center)

5. **SECONDARY DETERIORATION (LATE SEQUELAE IN TRAUMA SYSTEM PATIENTS**

Reformatted 8/03ds

WHO WERE NOT TRANSFERRED)

a. Patients requiring mechanical ventilation

b. Sepsis

c. Single or multiple organ system failure (deterioration in CNS, cardiac, pulmonary, hepatic, renal or coagulation system).

d. Osteomyelitis

PATIENT TRANSFER FROM RECEIVING HOSPITAL TO DESIGNATED TRAUMA CENTER

In the event that a hospital receives a trauma patient who meets trauma system entry criteria, or the trauma patient is unstable, or the hospital does not have the resources to take care of the patient, the hospital should:

1. Stabilize and care for the patient to the best of the facility's ability.

2. The hospital emergency physician or surgeon should contact the trauma center physician and mutually agree on whether patient transfer is needed.

3. Provide specialized personnel for transport as needed.

PATIENT TRANSFER BETWEEN RECEIVING HOSPITALS

All trauma patients meeting trauma system entry criteria and/or inter-hospital transfer criteria, (with possible exceptions), should consider transfer of these patients to a trauma center.

PATIENT TRANSFER BETWEEN TRAUMA CENTERS AND AN HMO HOSPITAL

When the HMO patient is treated at a trauma center, the HMO will be notified within 48 hours of patient arrival. The stabilized patient can be transferred to an HMO hospital when the trauma surgeon and the HMO physician mutually agree that transfer is in the patient's best interest.

Reformatted 8/03ds

RECEIVING HOSPITALS

Approved by Board Action December 13, 1985

Receiving hospitals within the ICEMA Region, due to diversity of the geographical area, in order to receive Advanced/Limited Advanced Life Support patients may hold a current Special Services Permit for standby, basic, or comprehensive emergency services issued by the California State Department of Health Services.

As a participant in the Regional Advanced and Limited Advanced Life Support System, the receiving hospital shall develop and implement a mechanism for the replacing of medical supplies and equipment expended by the ALS and/or LALS unit during treatment of a patient transported to the hospital under the direction of a Base Station Hospital.

Receiving hospitals should educate the Emergency Department staff regarding procedures, drugs, equipment, and capabilities of the prehospital personnel and the Emergency Medical Services System. Receiving hospitals should cooperate in collecting data and evaluating performance and cost in order to assure a high quality, cost-effective system.

Reformatted 8/03ds

Appendix L

EMS Aircraft Policy

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
ICEMA POLICY

REFERENCE: 14054
EFFECTIVE: 03/20//06
REVIEW: 03/20/09
Page: 1 of 1

AIRCRAFT DESTINATION POLICY

PURPOSE
To establish criteria for the destination of EMS Aircraft dispatched by San Bernardino County Communication Center

AUTHORITY
Division 2.5, Chapter 4 and 5, California Code of Regulations

POLICY

1. All EMS Aircraft requests from the field in San Bernardino County will be dispatched by the San Bernardino County Communications Center.

2. At time of dispatch, San Bernardino County Communications Center will determine patient destination, based on the following:
   a. Destination will alternate with each dispatch of EMS Aircraft between ARMC and LLUMC for all trauma patients that are not included in 4a – d and 5 below.
   b. Trauma diversion will alter rotation.
   c. Cancellation of EMS Aircraft in route will not alter rotation.
   d. Crew will notify San Bernardino County Communication Center for patients meeting the criteria in categories 4a – d and 5 below.

3. The rotation of trauma hospital destination may not be appropriate for the following specialized patient categories. A trauma base hospital shall determine destination based upon the Trauma Triage Criteria Protocols Reference #s 8010 and 8012:
   a. Contact ARMC for burns.
   b. Patients under 15 years of age.
   c. Severe chest trauma.
   d. Amputations.

4. The rotation of trauma hospital destination may be altered by the following situations:
   a. Patients who have cardiac arrest en-route will be directed to the closest appropriate facility.
   b. Patient request will be honored in accordance with Protocol Reference #14009 Radio Communication.
   c. If possible, all family members involved in an incident should be directed to the same facility.
   d. If closest trauma center is outside of San Bernardino County, (Los Angeles, Riverside, Orange, and Kern Counties or Arizona and Nevada) destination will be determined by a trauma base hospital not the San Bernardino County Communications Center.

5. An aircraft with a physician on board: To change destination, the physician shall consult with the trauma base hospital and shall notify the county Communications Center.

Appendix Q

ICEMA Trauma Protocols

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
EMT-I and EMT-P STANDARD PRACTICE

REFERENCE: 8001
EFFECTIVE: 11/01/04
REVIEW: 11/01/06
Page 1 of 2

ADULT TRAUMA
Age 15 years and Over

If in the pre-hospital provider's judgement, the patient has been involved in a trauma incident, which because of a high-energy exchange causes the provider to be highly suspicious that the patient has the potential to be severely injured, the patient should be entered into the trauma system.

FIELD ASSESSMENT/TREATMENT INDICATORS

Refer to Protocol Reference # 8010 Adult Trauma Triage Criteria

BLS INTERVENTIONS

1. Assess environment and extrication as indicated
2. Airway management as indicated (OPA/NPA, BVM or ETAD)
3. Transport or ALS intercept to closest most appropriate facility or trauma center
4. For a Traumatic Full Arrest, an AED may be utilized per Protocol Reference #6015
5. Manage special considerations
   a. Head and Neck Trauma: Whenever possible protect an injured eye with a rigid dressing, cup or eye shield. Do not attempt to replace a partially torn globe – stabilize it in place with sterile saline soaked gauze. Cover uninjured eye.
   b. Burns: Protect the burned area
      i. Do not break blisters or remove adherent materials
      ii. Remove restrictive clothing/jewelry and cover with dry sterile dressing or sterile burn sheet
      iii. Calculate BSA and initially classify burn as Minor, Moderate or Major

ALS INDICATIONS

1. Advanced airway as indicated. (Anytime the patients airway cannot be adequately secured by field personnel, transport to the closest appropriate receiving hospital for airway stabilization and transport)
2. Vascular Access as indicated with large bore IV/IO
   a. BP<90mmHG: Initial Bolus NS IV/IO Wide Open rate until BP>90mmHg, then 300cc/hr
   b. BP>90mmHG: IV maintenance rate at 300cc/hr
3. In San Bernardino County, contact Trauma Center when the trauma triage criteria are met per protocol Reference #8010. In Inyo and Mono counties contact base hospital.
4. Manage special considerations
   a. Blunt Chest Trauma: Consider needle thoracostomy for chest trauma with symptomatic respiratory distress
   b. Isolated Extremity Trauma: For BP>90mmHg consider MS in 2 mg increments up to 20mg IV titrated to pain relief
   c. Hip Fracture: With an alert/oriented patient consider MS IV in 2 mg increments up to 20mg IV.
   d. Amputations: Document in narrative that amputated part was given to a designated staff/team member

e. Burns:
  i. If BP<90mmHg give 300cc fluid bolus may repeat.
  ii. Calculate fluid rate. Hourly rate = $\dfrac{(1ml) \times (\text{wt in kg}) \times (\% \text{ BSA})}{2}$

  iii. MS 2-4mg increments IV push up to 30mg and titrate slowly.
  iv. Nebulized Albuterol 2.5mg may repeat 3 times.
5. Base Hospital may order additional medication dosages and additional fluid boluses.

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
EMT-I and EMT-P STANDARD PRACTICE

REFERENCE: 8003
EFFECTIVE: 11/01/04
REVIEW: 11/01/06
Page 1 of 2

PEDIATRIC TRAUMA
Birth – 14 Years of Age

If, in the pre-hospital provider's judgement, a patient has been involved in a trauma incident, which because of the potential of a high energy exchange, causes the provider to be highly suspicious the patient has the potential to be severely injured, the patient should be entered into the trauma system

FIELD ASSESSMENT/TREATMENT INDICATORS

Refer to Protocol Reference # 8012 Pediatric Trauma Triage Criteria
Pediatric trauma assessments are based upon color, temperature, respirations and level of consciousness

BLS INTERVENTIONS

1. Assess environment with extrication as indicated
2. Airway management as indicated OPA/NPA, BVM or ETAD
3. Transport or ALS intercept to closest most appropriate facility or trauma center
4. For a Traumatic Full Arrest, an AED may be utilized per Protocol Reference #6015
5. Manage special considerations
   a. Head and Neck Trauma: Whenever possible protect an injured eye with a rigid dressing, cup or eye shield. Do not attempt to replace a partially torn globe – stabilize it in place with sterile saline soaked gauze.
   b. Amputations: Document in narrative that amputated part was given to designated staff at trauma center.
   c. Burns: Protect the burned area.
      i. Do not break blisters or remove adherent materials
      ii. Remove restrictive clothing/jewelry and cover with dry sterile dressing or sterile burn sheet
      iii. Calculate BSA and initially classify burn as Minor, Moderate or Major

ALS INTERVENTIONS

1. Advanced airway as indicated. (Anytime the patient's airway cannot be adequately secured by field personnel, transport to the closest appropriate receiving hospital for airway stabilization and transport)
2. Vascular Access as indicated with large bore IO/IV
   a. Unstable: Establish appropriate vascular access. Administer 20ml/kg NS bolus IO/IV, and evaluate for central/peripheral pulses, and/or increased level of consciousness
   b. Stable: Establish vascular access and maintain IV rate at TKO.
3. In San Bernardino County, contact Trauma Center when the trauma criteria are met per protocol Reference #8012. In Inyo and Mono counties contact Base Hospital.
4. Manage special considerations
   a. Blunt Chest Trauma: Consider needle thoracostomy for chest trauma with symptomatic respiratory distress
   b. Isolated Extremity Trauma: MS 0.1 mg/kg IV not to exceed 2 mg increments to a total of 5mg IV/IO or MS 0.2 mg/kg IM to a total of 10mg IM, titrated to pain relief.

   c.   Burns:
      i.   Calculate fluid rate.   Hourly rate $= \dfrac{(1\text{ml}) \times (\text{wt in kg}) \times (\% \text{ BSA})}{2}$

      ii.   MS 0.1mg/kg titrated slowly IV/IO for pain relief (total not to exceed 20mg).
      iii.   Nebulized Albuterol 2.5mg may repeat 2 times.

5.   Base Hospital may order additional medication dosages, interventions and fluid boluses

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
EMT-I and EMT-P STANDARD PRACTICE

REFERENCE: 8010
EFFECTIVE: 11/01/04
REVIEW: 11/01/06
Page 1 of 2

ADULT TRAUMA TRIAGE CRITERIA
Age 15 and Older

Any trauma patient with one or more of the following conditions requires communication and expeditious packaging and transportation to the closest most appropriate Trauma Center: **Anytime an airway cannot be adequately secured. The patient should be transported to the closest appropriate receiving hospital for airway stabilization.** In San Bernardino County, a Trauma Base Hospital should be contacted for medical control and for destination decisions. In Inyo and Mono Counties, the assigned base hospital should be contacted.

PHYSIOLOGIC CRITERIA

1. GCS < 13
2. Systolic BP < 90mm Hg
3. Respiratory rate < 10 or > 29

ANATOMIC CRITERIA

1. Penetrating wounds to the head, neck, thorax, abdomen, pelvis, or extremities proximal to the elbow or knee including impaled objects
2. Chest injuries resulting in an unstable chest wall, flail chest or significant echymosis
3. Trauma resulting in paralysis, loss of sensation, or suspected spinal cord injury
4. Two or more proximal long bone fractures
5. Suspected pelvic fractures
6. Firm or rigid abdomen
7. Amputations
8. Isolated extremity fracture with suspected neurovascular compromise
9. Major tissue disruption
10. Traumatic burns (In San Bernardino County contact ARMC)
    a. Partial thickness burns>10% TBSA
    b. Burns that involve the face, hands, feet, genitalia perineum or major joints
    c. Third degree burn
    d. Electrical burns, including lightning injury
    e. Chemical burns
    f. Inhalation burns

MECHANISM OF INJURY CRITERIA

1. Surviving victims of any vehicular accident in which fatalities occurred in the same passenger compartment
2. High energy event - risk of severe injury
3. Falls greater than twenty (20) feet
4. Auto-pedestrian / auto-bike > 5 mph impact or patient thrown or rider run over
5. Persons ejected from any motorized vehicle
6. Patients requiring extrication greater than 20 minutes

ADDITIONAL CRITERIA

1. Any patient exhibiting one or more of the above criteria shall be called into a Trauma Center Base Hospital for medical oversight and consultation as to destination and treatment.

2. If there is a clear history of a loss of consciousness with long-term memory loss and/or vomiting and seizures and none of the above criteria are met, then contact a trauma base for physician consultation to determine appropriate patient destination.

3. Any geriatric or special needs patient who has suffered a major injury and/or where physical examination or assessment is difficult

4. If the patient is pregnant and none of the above criteria are met, then contact a trauma base for physician consultation to determine appropriate patient destination

5. In rural or wilderness areas with special circumstances, may, upon written permission from the EMS Medical Director, be exempted from specific criteria.

BURN CLASSIFICATION CHART

CLASSIFY:

MINOR

Adult ~ 15%   2nd degree
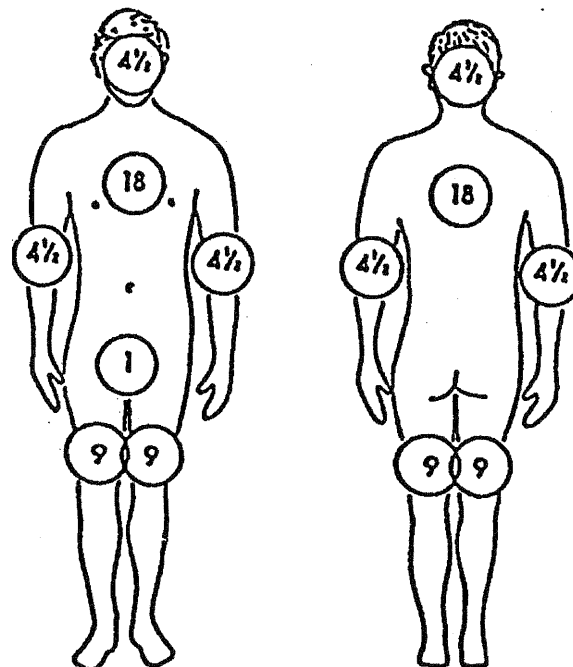Adult ~ 2%   3rd degree

MODERATE

Adult ~ 15-25% 2nd degree
Adult ~ <10%   3rd degree

MAJOR

Adult ~ 25%   2nd degree
Adult ~ >10%   3rd degree
All electrical burns
All inhalation injuries
All burns with other associating traumas
All high risk (old age or poor health)
All burns to face, genitals, palms, or soles of feet

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
EMT-I and EMT-P STANDARD PRACTICE

REFERENCE: 8012
EFFECTIVE: 11/01/04
REVIEW: 11/01/06
Page 1 of 2

PEDIATRIC TRAUMA TRIAGE CRITERIA
Birth to 14 Years of Age

Any pediatric trauma patient with one or more of the following conditions requires communication and expeditious packaging and transportation to the closest most appropriate Trauma Center: **Anytime an airway cannot be adequately secured. The patient should be transported to the closest appropriate receiving hospital for airway stabilization.** In San Bernardino County, a Trauma Base Hospital should be contacted for medical control and for destination decisions. In Inyo and Mono Counties, the assigned base hospital should be contacted.

PHYSIOLOGIC CRITERIA

1. GCS ≤ 13
2. Abnormal vital signs for age and weight
3. Signs and symptoms of poor perfusion

ANATOMIC CRITERIA

1. Assisted or intubated airway, airway compromise
2. Respiratory distress / multiple times suctioned
3. Penetrating wounds to the head, neck, thorax, abdomen, pelvis, or extremities proximal to the elbow or knee including impaled objects.
4. Chest injuries, suspected rib fractures or significant echymosis.
5. Trauma resulting in paralysis, suspected spinal cord injury or loss of sensation.
6. Open or 2 or more fractures
7. Isolated extremity fracture with suspected neurovascular compromise
8. Suspected pelvic fractures
9. Firm or rigid abdomen.
10. Amputations
11. Traumatic burns (In San Bernardino County contact ARMC)
    a. > 10% TBSA or involving face, airway, hands, feet or genitalia
    b. Any electrical burn
12. Altered mental status
13. Major soft tissue disruption
14. Degloving injury or flap avulsion
15. Open or depressed skull fracture

MECHANISM OF INJURY CRITERIA
1. High energy event – Risk for severe injury
2. Surviving victims of any vehicular accident in which fatalities occurred in the same passenger compartment
3. Falls greater than 3 times the child's height or greater than ten (10) feet.
4. Auto-pedestrian / auto-bike > 5 mph impact or rider/pedestrian thrown or rider/pedestrian run over.

5. Persons ejected from any motorized vehicle.
6. Patients requiring extrication greater than 20 minutes.

ADDITIONAL CRITERIA

1. Any patient exhibiting one or more of the above criteria shall be called into a Trauma Center Base Hospital for medical oversight and consultation as to destination and treatment.
2. If there is a clear history of a loss of consciousness with long-term memory loss and/or vomiting and seizures and none of the above criteria are met, then contact a trauma base for physician consultation to determine appropriate patient destination.
3. In rural or wilderness areas with special circumstances, may, upon written permission from the EMS Medical Director, be exempted from specific criteria.

BURN CLASSIFICATION CHART

MINOR

Child ~ 10%   2nd degree
Child ~ 2%   3rd degree

MODERATE

Child ~ 10-20% 2nd degree
Child ~ <10%   3rd degree

MAJOR

Child ~ 20%   2nd degree
Child ~ >10%   3rd degree
All electrical burns
All inhalation injuries
All burns with other associating traumas
All high risk (small children or poor health)
All burns to face, genitals, palms, or soles of feet